

DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

HEALTH CARE REGULATION AND LICENSING
ADMINISTRATION
BUREAU OF COMMUNITY HYGIENE

ANIMAL DISEASE PREVENTION DIVISION

ARBOVIRUS
SURVEILLANCE AND RESPONSE PLAN

MAY 2006



Government of the District of Columbia
Anthony A. Williams, Mayor

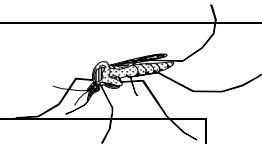
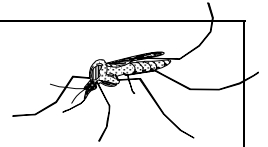


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EXECUTIVE SUMMARY



Under the strong leadership of Mayor Anthony A. Williams, the West Nile Virus Program has been a great public health success story in the District of Columbia. The Department of Health (DOH) has operated a West Nile Virus (WNV) program since WNV was first reported in the United States in 1999. The three foundations of this program are surveillance, mosquito control and outreach and education. In 2003 and 2005, several cities and states, including the city of Portland, Oregon and the states of Texas, Kentucky and Ohio recognized the District's Arbovirus Response Plan as a model plan and included components from the District Plan into their own plans. The city of Lyndhurst, Ohio cited the District's approach to mosquito management as support for a law banning adulticide applications.

DOH has conducted human, avian, mammal and mosquito surveillance since 1999. DOH maintains an extensive database that tracks the presence and spread of the virus. In calendar year 2002, through avian surveillance it was determined that WNV was endemic in District birds and avian testing was discontinued in August 2002. Even though avian testing was discontinued, DOH continues to track dead bird reports. In 2004 and 2005, working with the CDC and other federal and regional partners, DOH installed and monitored stationary mosquito traps based upon a grid system through out the District that covered neighborhoods, federal enclaves, military installations and parks. This consistent and evenly-spaced method of trap placement monitors all areas of the District and will again be utilized in 2006.

Since the identification of locally-acquired Malaria in nearby Virginia in 2003, DOH enhanced the WNV Response Plan to include monitoring and testing of malaria and other arboviruses. DOH will continue surveillance for malaria, Dengue Fever and other mosquito-borne pathogens when appropriate.

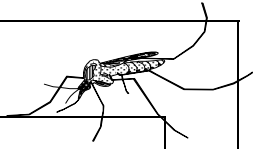
CDC has stated that source reduction and larvicidal applications in catch basins and standing water are essential components to a successful mosquito management program and are the most effective method to reduce mosquito populations and mosquito-borne viruses over time. From 2000 to 2005, DOH staff larvicided proactively and in response to positive birds, mosquitoes and humans and community concerns. The larvicide, a biologic product that arrests the mosquito growth in the larval stage, is placed in catch basins and in standing or stagnant water. In 2006, DOH will continue the extensive larvicide program.

DOH'S outreach and education program reached thousands of people in through public discussions, the distribution of flyers and "hits" on the website. The District's message continues to be protection and prevention. DOH encourages residents to take personal responsibility to prevent conditions for mosquito harborage and to prevent mosquito bites. In 2005, DOH used a number of media channels to get out the message: the DOH website; bulk distribution of informational brochures (in five languages); public presentations; and, door-to-door visits. Staff visited over 10,000 residences door-to-door and distributed over 30,000 brochures in bulk. In 2006, DOH will continue these efforts. In addition, DOH plans to create a video public service announcement (PSA) with tips on identification and elimination of potential mosquito breeding sites, prevention of mosquito bites and personal protection.

Recognizing the potential threat to public health created by conditions that support the harborage and breeding of mosquitoes, DOH proposed and Council approved the "Vector-Borne Infectious Disease Control Act of 2004". DOH staff, under the authority of the Act, can issue notices of violation that impose civil fines and penalties on individuals and businesses that do not abate mosquito harborage conditions that contribute to the risk of mosquito-borne diseases.

Due to DOH's aggressive surveillance, mosquito control, outreach and education program, there were only five positive cases of West Nile virus (3 cases of West Nile virus neuro-invasive disease and 2 cases of West Nile fever) in humans in 2005 residing in the District of Columbia. In 2006, DOH will continue to fight the spread of West Nile Virus and other mosquito-transmitted illnesses.





Introduction

This plan outlines the activities for implementing a response to West Nile virus or other arbovirus outbreaks in the District of Columbia. An arthropod-borne virus (arbovirus) is one that is transmitted to vertebrates by biting insects and acarines (ticks). These viruses multiply in both their vertebrate and invertebrate hosts.

This plan is a working document that identifies various specific programs of surveillance, mosquito control and public outreach and education. The *District of Columbia Arbovirus Surveillance and Response Plan for 2006* is the District's plan for the organized monitoring of arbovirus activity, vector populations, arbovirus infections in vertebrate hosts and humans and other factors to detect or predict changes in the transmission dynamics of these arboviruses. The surveillance task force includes staff from the District of Columbia's Department of Health, Health Care Regulation and Licensing Administration, Primary Care and Prevention Administration, Public Health Laboratory and Emergency Management. These offices work collaboratively to develop and implement strategies to decrease the transmission of arboviruses to human and other vertebrate hosts.

Since West Nile virus (WNV) was first isolated in 1937, it has been known to cause asymptomatic infection and fevers in humans in Africa, West Asia, and the Middle East. Human and animal infections were not documented in the Western Hemisphere until the August 1999 outbreak in the New York City metropolitan area when sixty-two people became sick and seven people died. Since then, the disease has spread across the United States and south to Mexico and the Caribbean. From 1999 through 2005, there have been nineteen thousand five hundred twenty-six (19,526) cases of confirmed West Nile virus human illness in the United States reported to CDC, including seven hundred eighty-five (785) deaths.

WNV is transmitted to humans through mosquito bites. Mosquitoes become infected when they feed on infected birds that have high levels of WNV in their blood. Infected mosquitoes can then transmit WNV when they feed on humans or other animals.

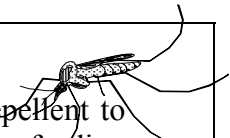
WNV is not contagious from person to person and there is no evidence that a person can get infected by handling live or dead infected birds. But, to add a further level of safety, if birds or other potentially infected animals must be handled, a protective barrier (e.g., gloves, inverted plastic bags) should be used.

Most WNV infected humans have no symptoms. A small proportion develops mild symptoms (known as West Nile fever) that include fever, headache, body aches, skin rash and swollen lymph glands. Less than 1% of infected people develop a more severe illness, known as neuro-invasive disease that includes meningitis (inflammation of one of the membranes covering the brain and spinal cord) or encephalitis. The symptoms of these illnesses can include headache, high fever, neck stiffness, stupor, disorientation, coma, tremors, convulsions, muscle weakness, and paralysis. Of the few people that develop encephalitis, a small proportion die but, overall, this is estimated to occur in less than 1 out of 1000 infections.

There is no specific treatment for WNV infection or vaccine to prevent it. Treatment of severe illnesses includes hospitalization and supportive therapy, including the use of intravenous fluids and nutrition, respiratory support, prevention of secondary infections, and good nursing care. Medical care should be sought as soon as possible for persons who have symptoms suggesting severe illness.

Individuals can reduce their contacts with mosquitoes by taking these actions: When outdoors, wear





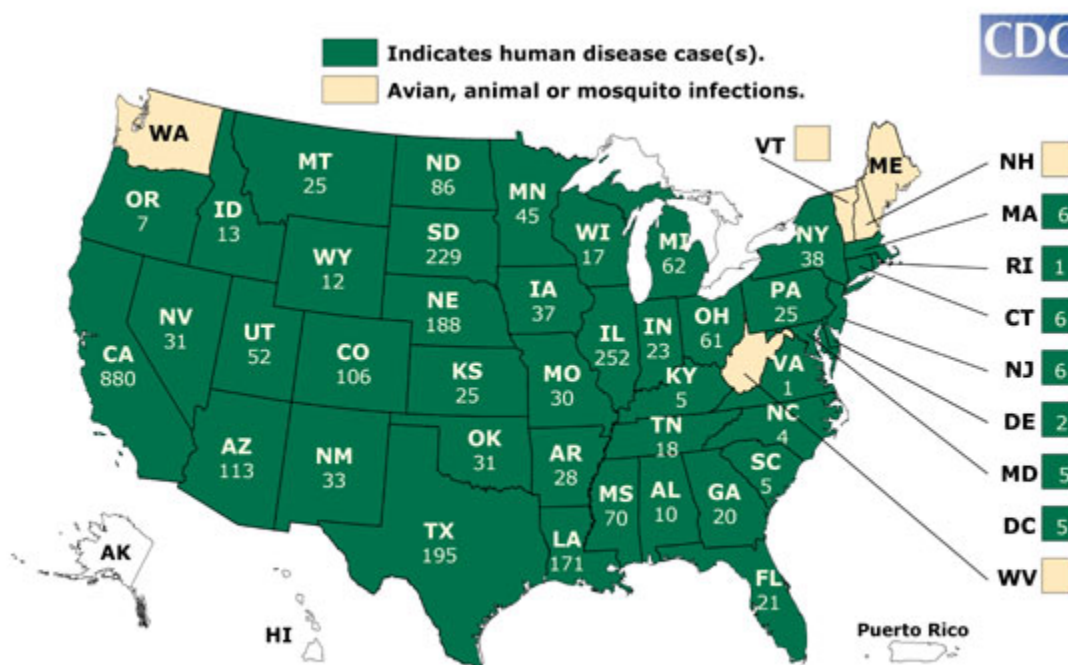
clothing that covers the skin such as long sleeve shirts and pants, apply effective insect repellent to clothing and exposed skin, and curb outside activity during the hours that mosquitoes are feeding which often includes dawn and dusk. In addition, screens should be applied to doors and windows and regularly maintained to keep mosquitoes from entering the home.

National Surveillance Findings 2005

During 2005, 44 states, the District of Columbia (DC) and New York City have reported 2,997 cases of human WNV illness to CDC through ArboNET. Of these, 880 (29%) cases were reported in California, followed by 252 (0.8%) in Illinois. A total of 1,608 (57%) of the 2,824 cases for which such data were available occurred in males; the median age of patients was 51 years. Date of illness onset ranged from January to December; a total of 113 were fatal.

Final 2005 West Nile Virus Activity in the United States

This map reflects surveillance findings occurring between January 1, 2005 through December 31, 2005 as reported to CDC's ArboNET system for public distribution by state and local health departments.



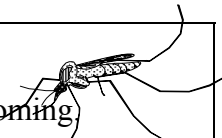
West Nile virus maps reflect surveillance reports released by state and local health departments to CDC's ArboNET system for public distribution. Map shows the distribution of avian, animal, or mosquito infection occurring during 2005 with number of human cases if any, by state. If West Nile virus infection is reported to CDC from any area of a state, that entire state is shaded.

Data

table:

Avian, animal or mosquito WNV infections were reported to CDC ArboNET from the following states in 2005: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, New York City, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota,





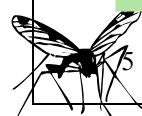
Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming)

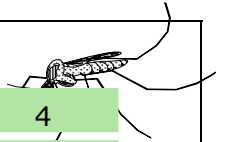
Human cases have been reported in: Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming.

*Currently, West Nile virus maps are updated regularly to reflect surveillance reports released by state and local health departments to CDC's ArboNET system for public distribution. Map shows the distribution of avian, animal, or mosquito infection occurring during 2005 with number of human cases if any, by state. If West Nile virus infection is reported to CDC from any area of a state, that entire state is shaded.

2005 West Nile Virus Activity in the United States

State	Meninaitis/Encephaliti s	Fever	Unspecified	Total	Fatalitie s
Alabama	6	4	0	10	2
Arizona	50	61	2	113	5
Arkansas	13	15	0	28	4
California	299	534	47	880	19
Colorado	21	85	0	106	2
Connecticut	4	2	0	6	1
Delaware	1	0	1	2	0
District of Columbia	3	2	0	5	0
Florida	10	11	0	21	1
Georgia	9	7	4	20	2
Idaho	3	10	0	13	0
Illinois	134	91	27	252	13
Indiana	10	2	11	23	1
Iowa	14	21	2	37	2
Kansas	17	8	0	25	1
Kentuckv	5	0	0	5	1
Louisiana	117	54	0	171	11
Marvland	4	1	0	5	0
Massachusett s	4	2	0	6	1



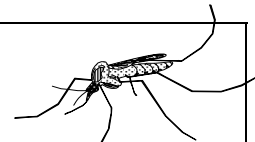


Michigan	52	8	2	62	4
Minnesota	18	27	0	45	3
Mississippi	39	31	0	70	6
Missouri	17	13	0	30	3
Montana	8	17	0	25	0
Nebraska	55	133	0	188	5
Nevada	14	15	2	31	1
New Jersey	3	3	0	6	0
New Mexico	20	13	0	33	2
New York	30	8	0	38	4
North Carolina	2	2	0	4	0
North Dakota	12	74	0	86	0
Ohio	46	15	0	61	2
Oklahoma	17	14	0	31	1
Oregon	1	6	0	7	0
Pennsylvania	14	11	0	25	2
Rhode Island	1	0	0	1	0
South Carolina	5	0	0	5	1
South Dakota	35	193	1	229	2
Tennessee	15	3	0	18	1
Texas	128	67	0	195	11
Utah	21	31	0	52	1
Virginia	0	1	0	1	0
Wisconsin	11	6	0	17	2
Wyoming	6	6	0	12	2
Totals	1294	1607	99	3000	119

West Nile encephalitis and West Nile meningitis are forms of severe disease that affect a person's nervous system. Encephalitis refers to an inflammation of the brain and meningitis refers to an inflammation of the membrane around the brain and the spinal cord. Meningoencephalitis refers to inflammation of the brain and the membrane surrounding it. These most severe type of diseases, due to West Nile virus infection are sometimes called "neuro-invasive disease" because they affect a person's nervous system.

West Nile fever refers to typically less severe cases that show no evidence of neuroinvasion. It is characterized by fever, headache, tiredness, aches and sometimes rash. Although the illness can be as short as a few days, even healthy people have been sick for several weeks. WN fever is considered a notifiable disease, however the number of cases reported (as with all diseases) may be limited by whether persons affected seek care, whether laboratory diagnosis is ordered and the extent to which





cases are reported to health authorities by the diagnosing physician.

Other Clinical includes persons with clinical manifestations other than WN fever, WN encephalitis or WN meningitis, such as acute flaccid paralysis. **Unspecified** cases are those for which sufficient clinical information was not provided.

See the **case definition** (2004) for Neuro-invasive and Non-Neuro-invasive Domestic Arboviral Diseases in Appendices.

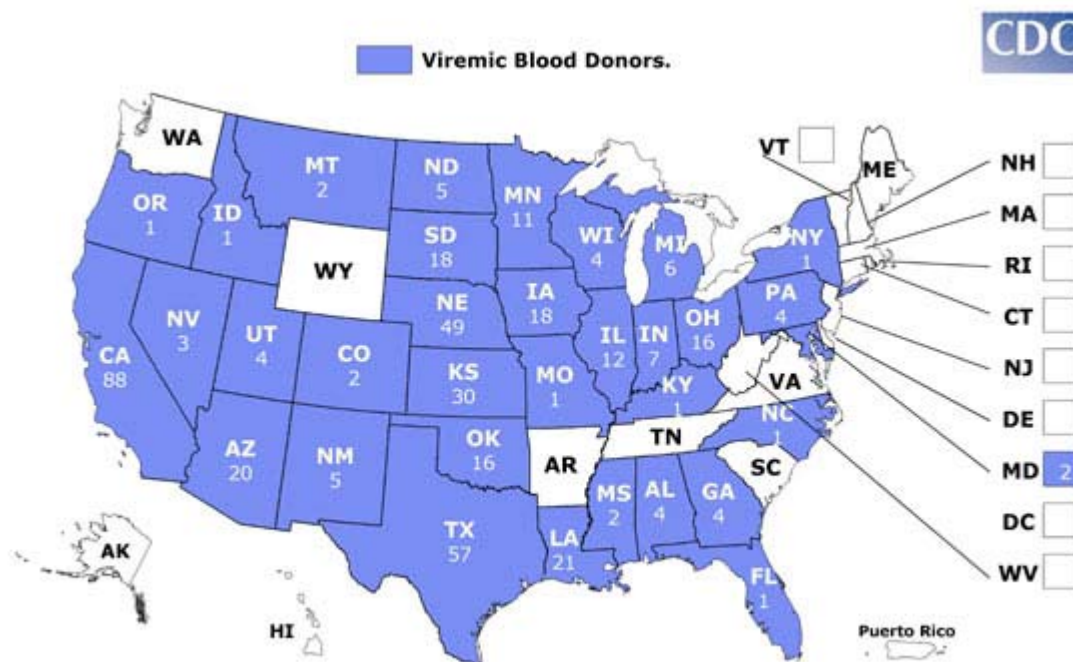
Total Human Cases Reported to CDC: These numbers reflect both mild and severe human disease cases occurring between January 1, 2005 to December 31, 2005 as reported through May 5, 2006 that have been reported to ArboNET by state and local health departments. ArboNET is the national, electronic surveillance system established by CDC to assist states in tracking West Nile virus and other mosquito-borne viruses. Information regarding 2005 virus/disease activity is posted when such cases are reported to CDC.

Of the 3000 cases, 1294 (43%) were reported as West Nile meningitis or encephalitis (neuro-invasive disease), 1607 (54%) were reported as West Nile fever (milder disease), and 99 (3%) were clinically unspecified at this time.

Note: The high proportion of neuron-invasive disease cases among reported cases of West Nile virus disease reflects surveillance reporting bias. Serious cases are more likely to be reported than mild cases. Also, the surveillance system is not designed to detect asymptomatic infections. Data from population-based surveys indicate that among all people who become infected with West Nile virus (including people with asymptomatic infections) less than 1% will develop severe neuro-invasive disease. See: Mostashari F, Bunning ML, Kitsutani PT, et al. Epidemic West Nile Encephalitis, New York, 1999: Results of a household-based seroepidemiological survey. Lancet 2001;358:261-264

2005 West Nile Virus Viremic Blood Donor Activity in the United States





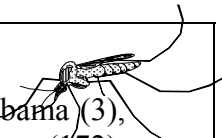
Data table

Indicates Presumptively Viremic Blood Donors (PVDs) reported to CDC ArboNET for public distribution for 2005 from the following states: Alabama, Arizona, California, Colorado, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Texas, Utah and Wisconsin.

In addition, 4,359 dead corvids and 987 other dead birds with WNV infection have been reported from 45 states and New York City during 2005.

By the end of Dec 2005, the total number of equine cases recorded in the United States was 1,180. This represents a decrease of 161 cases since the previous total updated on Nov 2004. A total of 38 states/districts reported veterinary cases of which California headed the list with 508 cases and followed by Idaho with 114, Utah with 68, Texas with 62 cases and Arizona with 52 cases. The list is followed by Nevada with 48, Oklahoma with 32. The remainder included 31 more states.

A total of 7 canines, 54 squirrels and 11 other species were reported positive for 2005.



WNV seroconversions have been reported in 1,651 sentinel chicken flocks in 18 states Alabama (3), Arizona (44), Arkansas (17), California (854), Delaware (1), Florida (385), Iowa (19), Louisiana (172), Michigan (8), Minnesota (1) Montana (9), New Mexico (2), North Carolina (2), North Dakota (27), Oregon (17), Pennsylvania (4), Utah (79), Virginia (7).

Mosquito pools

A total of 11,692 WNV positive mosquito pools have been reported in 44 states and DC.

Routes of Transmission:

West Nile virus (WNV), a mosquito-borne flavivirus introduced recently to North America, is a human, equine, and avian neuropathogen. The majority of human infections with WNV are mosquito-borne; however, laboratory-acquired infections with WNV and other arboviruses also occur. There were two cases of WNV infection in laboratory workers, without other known risk factors, who acquired infection through percutaneous inoculation. Laboratory workers handling fluids or tissues known or suspected to be WNV-infected should minimize their risk for exposure.

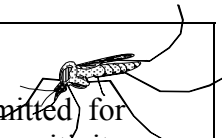
In 2002, newly recognized mechanisms of person-to-person WNV transmission were described by health officials including transmission from mother to infant through breast milk. WNV can be transmitted via organ transplant and blood transfusion. However, the risks of contracting WNV by these routes are very small as compared with other risks associated with these treatments. WNV can be transmitted to babies in breast milk. WNV genetic material was transiently present in the breast milk of women with WNV infection and measurable WNV-specific IgM was detected in babies. Despite this finding, the risk of WNV illness in young children is very low. There is also evidence of intrauterine West Nile virus infection. WNV has not been previously associated with intrauterine infection or adverse birth outcomes. There are reports of transplacental WNV transmission. Pregnant women should take precautions to reduce their risk for WNV or other arboviral infection and should undergo diagnostic testing when clinically appropriate.

District of Columbia Perspective:

Evidence of West Nile virus first appeared in the District in 2000 as detected through avian surveillance. Thirteen birds were tested for West Nile virus in 1999. All tested negative. In 2000, five birds tested positive for West Nile virus with the first collection date of September 26. There was no other positive West Nile activity in the District. In 2001, nine hundred fourteen (914) birds were collected and four hundred forty-four (444) birds were processed for testing. Three hundred sixty birds (360) tested positive, with a rate of positivity of 81.08%. Eighty-four (84) birds tested negative. Eight hundred forty-one (841) mosquito pools and four thousand three hundred sixty-eight (4,368) individual female mosquitoes were submitted for testing. Three pools of *Culex* mosquitoes tested positive. In 2001, Twenty (20) human specimens were submitted for testing. All tested negative. There was no human or mammal positive West Nile activity in the District.

In 2002, the District continued to conduct human, avian, mosquito and mammal surveillance. Nine hundred five (905) birds were collected and three hundred forty (340) birds were processed for testing. One hundred thirty-four (134) birds were disposed of, one hundred seventy-five (175) birds tested positive and thirty-one birds (31) tested negative with a rate of positivity of 84.95%. Avian collection and testing was discontinued in August of 2002 when West Nile virus was considered endemic to the region. DOH collected and tested mosquitoes in cooperation with the US Army, The National Zoo and the National Park Service. One thousand three hundred fifteen (1315) mosquito pools and ten thousand





seven hundred fifty-five (10,355) individual female mosquitoes were collected and submitted for testing. Eighty-four (84) mosquito pools tested positive for West Nile virus. This is a case positivity rate of 6.39%. Eighty (80) human specimens were submitted for testing, thirty-one (31) patients tested positive, with two WNV-related fatalities. No mammals were submitted for testing.

In 2003, the District continued to conduct human, avian, mosquito and mammal surveillance. DOH did not collect and test dead birds, but did collect dead bird reports. DOH collected and tested mosquitoes in cooperation with the US Army, The National Zoological Park and the National Park Service. Two thousand one hundred forty-four (2,114) mosquito pools and twenty thousand sixty-two (20,062) individual female mosquitoes were collected and submitted for testing. Forty-nine (49) mosquito pools tested positive for West Nile virus in the District of Columbia. This is a case positivity rate of 2.31%. Forty-eight (48) human specimens were submitted for testing, three (3) tested positive for WNV with a 100% recovery rate for all patients. No mammals were submitted for testing.

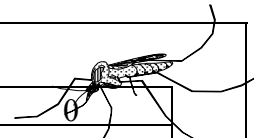
In 2004, the District continued to conduct human, avian, mosquito and mammal surveillance. DOH collected dead bird reports. DOH collected and tested mosquitoes in cooperation with the US Army, The National Zoological Park and the National Park Service. One thousand six hundred seventy-one (1,671) mosquito pools and twenty-eight thousand nine hundred twenty-nine (28,929) individual female mosquitoes were submitted and tested. Of these, 42 pools tested positive. This is a case positivity rate of 2.51%. Seventeen (17) human specimens were submitted for testing, fifteen (15) tested negative and two (2) tested positive for WNV (one specimen positive for West Nile virus neuro-invasive disease and one positive for West Nile fever). There was a 100% recovery rate for all patients. No mammals were submitted for testing.

In 2005, traps were set in all Wards of the District. Specimens were tested at the District of Columbia Public Health Laboratory. The Department of Defense collected specimens from Walter Reed Army Medical Center, Ft. McNair Air Force Base, Armed Forces Retirement Home, Marine Barracks, Naval Observatory, Anacostia Annex of the Air Force, Washington Naval Yard and the Nebraska Avenue Complex. The National Park Service collected specimens from Rock Creek Park, National Capital Parks-East, National Capital Parks-Central and the C& O Canal. The National Zoological Park also set mosquito traps at the D.C. National Zoo. All specimens collected from the Department of Defense, the National Park Service and the National Zoological Park were transported to the U.S. Army Center for Health Promotion and Prevention (USACHPPM) for arboviral testing. All specimens collected by DOH were tested at the District of Columbia Public Health Laboratory.

A total of one thousand six hundred seventy-one (1,671) mosquito pools and twenty-eight thousand nine hundred twenty-nine (28,929) individual female mosquitoes were submitted and tested. Of these, 42 pools tested positive. This is a case positivity rate of 2.51%. Seventeen (17) human specimens were submitted for testing, fifteen (15) tested negative and two (2) tested positive for WNV (one specimen positive for West Nile virus neuro-invasive disease and one positive for West Nile fever). There was a 100% recovery rate for all patients.

DISTRICT OF COLUMBIA WEST NILE VIRUS SURVEILLANCE 2000-2005						
HUMAN SURVEILLANCE						
	2000	2001	2002	2003	2005	2006
Tested	0	20	80	43	17	8
Positive	0	0	31*	3	2	5
Probable	0	0	3	6	0	0





Negative	0	20	28	25	15	0
Pending	0	0	18***	9***	0	0
MOSQUITO SURVEILLANCE						
	2000	2001	2002	2003	2005	2006
Pools Tested	0	841	1315	2114	1671	1399
Pools Positive	0	3	84	49	42	55
#Females tested	0	4,368	10,755	20,684	28,929	27087
Rate of Positivity	0	.36%	6.39%	2.31%	2.51%	3.93%
AVIAN SURVEILLANCE **						
	2000	2001	2002	2003	2005	2006
Collected		914	905	0	0	0
Tested		444	206	0	0	0
Positive	5	360	175	0	0	0
Negative		84	31	0	0	0
Rate of Positivity		81.08%	84.95%	0	0	0

* Two human deaths were reported as West Nile virus related.

** Dead bird collection discontinued in July of 2002 when WNV was classified as endemic to the District by the Centers for Disease Control and Prevention (CDC).

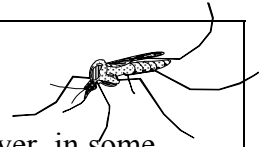
*** Pending specimens are those where information or specimens are not available.

Data indicates that the District's WNV program is a great public health success. In response to WNV-positive mosquito pools, the Department of Health staff larvicides the area and distributes information door to door to District residents in neighborhoods. The health information material has been translated into Spanish, Korean, Vietnamese, and Chinese and emphasizes prevention and protection. Staff also speak at neighborhood meetings and work with residents to evaluate their property to eliminate potential mosquito breeding sites. The number of mosquitoes collected is significantly reduced in the areas that are larvacided extensively.

The District of Columbia Arbovirus Surveillance and Response Plan, 2006, follows the Centers for Disease Control and Prevention's (CDC), that are available to assist public health professionals with West Nile virus surveillance and control efforts. Both documents emphasize surveillance methods to assess risk and protection and prevention strategies. In addition, the District is a member of the Metropolitan Washington Council of Governments (COG) Regional Emerging Pathogens West Nile virus Planning Committee. The focus of the District's arbovirus surveillance program is the detection, reporting, and management of WNV and other arboviruses to prevent human epidemics and animal epizootics. The laboratory will test for additional arboviruses when performing tests on humans, equines, mosquitoes, and birds, as requested.

The 2006 plan focuses on the surveillance of human, mosquito, avian, and mammal populations as indicators of the presence of the WNV. As the primary vector, the mosquito is the key concern in the development of this response plan. DOH staff utilizes the identification of mosquito species, their location, population numbers and presence of infection to assess the current risk to the community and the necessary response steps based upon that perceived risk. Moreover, whenever a positive tissue culture is confirmed positive through PCR, the specimens will be tested for St. Louis encephalitis (SLE), Eastern Equine encephalitis (EEE), Lacrosse encephalitis and Dengue Fever.



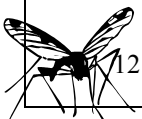


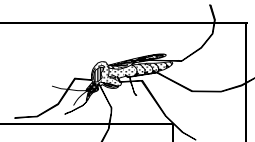
Generally, WNV does not cause symptoms in people who have been exposed to it. However, in some individuals, WNV can cause a very mild infection (West Nile Fever) including fever, muscle aches, rash, swollen lymph nodes, and a “sick” feeling. This illness starts about 3-15 days after the mosquito bite, lasts a few days, and then subsides.

A very small percentage (<1%) of people infected with WNV or other arboviruses can experience neuro-invasive disease which affects a person’s nervous system. Specific types of neuro-invasive disease include: WN encephalitis, WN meningitis and WN meningoencephalitis.

Encephalitis is an inflammation of the brain, meningitis is an inflammation of the membrane that surrounds the brain and the spinal cord and meningoencephalitis is an inflammation of both the brain and the membrane surrounding it. Encephalitis and meningitis due to arboviruses can cause death. Data from 1999 through 2005 indicate that deaths from WNV infection occur mostly among persons greater than 55 years of age.

As part of the West Nile virus surveillance system, the Department of Health (DOH) conducts human, avian, mammal and mosquito surveillance and compiles thorough database and spreadsheet records detailing this surveillance. DOH established a West Nile virus Call Center number at 202-535-2323, and extensive web site information at <http://www.dchealth.dc.gov>. The following pages describe the District’s 2006 plan to respond to West Nile and other arboviruses through surveillance, control, analysis, and education activities.





Human Surveillance

Purpose:

DOH will continue to conduct active human surveillance in cooperation with area hospitals and the local medical communities. Increased monitoring for neuro-invasive disease is a necessary tool for public risk assessment.

The most severe type of disease due to a person being infected with West Nile virus is called neuro-invasive disease because it affects a person's nervous system. Specific types of neuro-invasive disease include: West Nile encephalitis, West Nile meningitis or West Nile meningoencephalitis. Encephalitis refers to an inflammation of the brain, meningitis is an inflammation of the membrane surrounding the brain and the spinal cord, and meningoencephalitis refers to inflammation of the brain and the membrane surrounding it. West Nile fever is another type of illness that can occur in people who become infected with the virus. It is characterized by fever, headache, tiredness, aches and sometimes rash. Although the elderly and immunocompromised are at high-risk, healthy people have been sick for days to several weeks.

In 2000, there were no reported cases of human WNV infection in the District.

In 2001, the first cases of WNV in neighboring Maryland were identified through enhanced surveillance (3 WN encephalitis cases, 3 WN aseptic meningitis cases). Two of these six patients died.

This illustrates the importance of a strong surveillance program. There were no reported cases of human WNV infection in the District in 2000 or in 2001.

In 2002, there were eighty (80) human specimens tested for WNV. Thirty-one (31) samples tested positive, twenty-eight (28) samples tested negative. Three (3) samples were "probable" and eighteen (18) samples are considered "pending" because there is some information that is unavailable.

In 2003, there were forty-three (43) human specimens tested for WNV. Twenty-five (25) tested negative, three (3) tested positive, six (6) are "probable" and nine (9) remain "pending".

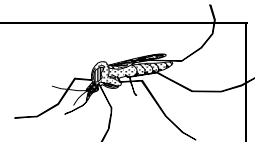
In 2004, seventeen (17) West Nile suspect human cases were tested, whereby fifteen (15) were negative, one (1) patient had WNV fever, one (1) was a confirmed WNV case diagnosed as meningoencephalitis.

In 2005, eight (8) West Nile suspect human cases were tested, whereby three (3) were negative, two (2) patients had WNV fever and two had WNV meningitis.

Strategy:

DOH staff shall investigate all reported cases of neuro-invasive disease in the District during the WNV surveillance period to ensure detection of WNV or other arboviral disease or bioagent. These investigations may include blood tests or other tests to detect WNV in the brain or the spinal fluid. DOH staff shall inform public health officials and District agencies about this disease in an effort to decrease the transmission of the virus, through the findings of the human surveillance.



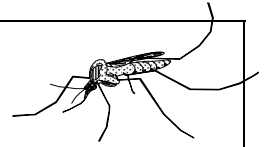


Actions:

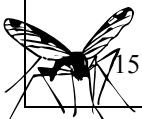
1. DOH Bureau of Epidemiology and Health Risk Assessment Division of Disease Surveillance and Investigation staff shall inform physicians and other health professionals about WNV disease through a Physician's Alert- See Appendix A. The Physician's Alert contains reporting criteria and specimen submission protocol and shall be forwarded to physicians and hospitals. The Alert reminds doctors and hospital infection control personnel (ICPs) that encephalitis and meningitis can be indicators of arboviral infection. Any case of encephalitis or meningitis must be reported to DOH no later than 24 hours.
2. DOH Bureau of Epidemiology and Health Risk Assessment Division of Disease Surveillance and Investigation staff shall send a fact sheet containing the case definition from CDC to all physicians. The letters are sent at the beginning of the West Nile virus transmission year and again approximately two months later as a reminder. The national case definition for arboviral encephalitis should be used to classify cases as confirmed or probable, once appropriate laboratory results are available. In CDC publications of national arbovirus surveillance data, no distinction is made between confirmed and probable human cases for the purposes of case counting.
3. All DOH pertinent parties from the Animal Disease Prevention Division, Public Health Laboratory, and the Bureau of Epidemiology and Health Risk Assessment shall contact each other by phone as needed to confirm that all parties have exchanged all necessary information. In addition, a staff person from the West Nile virus program in the Animal Disease Prevention Division will prepare and circulate a spreadsheet daily to keep all parties informed of all cases.
4. A West Nile virus staff person will call all District hospitals on a weekly basis to determine if any new cases fall within the case definition.
5. A Bureau of Epidemiology and Health Risk Assessment, Division of Disease Surveillance and Investigation staff person shall contact physicians in appropriate specialties (i.e. infectious diseases neurology, and initial care) and hospital infection control personnel on a regular basis to inquire about patients with potential arboviral infections.
6. DOH Bureau of Epidemiology and Health Risk Assessment, Division of Disease Surveillance and Investigation staff person shall, as a special surveillance project, utilize syndromic surveillance of emergency department logs for conditions including, but not limited to fever with rash or lymphadenopathy.
7. CDC has notified all blood collection agencies of the protocol for testing their blood supply. If the test is positive, the blood is removed from the blood supply. DOH will send a letter informing blood collection agencies (hospitals, Red Cross) to report presumptive viremic donations (PVDs).
8. DOH Bureau of Epidemiology and Health Risk Assessment Division of Disease Surveillance and Investigation staff shall blast fax the Physician's Alert to over 900 hospital ICPs, family practitioners and pediatricians. In addition, the staff shall place the Alert on the web site and forward it to the Medical Society of DC (MSDC) and the Medical Honor Society, MEDCHI, and DCHA.
9. CDC has notified all commercial lab directors to indicate specimen testing requirements and protocol. For samples sent directly to a commercial lab, the commercial lab must then send a sample to the PHL for testing. Commercial labs must notify the PHL immediately of any positive result. The Director of the Public Health Lab will establish protocols for accepting samples from

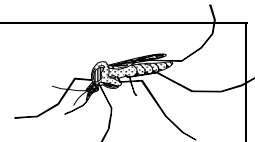


commercial labs for testing at the PHL.



10. DOH shall prepare a WNV Human Specimen Laboratory Testing Algorithm for distribution and placement on the web site.
11. The DOH Public Health Laboratory shall conduct all human specimen testing, per DOH protocol, and inform all pertinent parties by email and phone of positives results.
12. DOH Bureau of Epidemiology and Health Risk Assessment, Division of Disease Surveillance and Investigation staff person shall produce a weekly, monthly, annual report on the human WNV surveillance data.
13. DOH shall provide professional education to hospitals and interested medical and nursing groups where necessary.
14. DOH shall consider the following actions in the event of a positive human case and/or death:
 - a. Notify email distribution list, per HIPAA regulations.
 - b. Notify the Director of Communication and Director of DOH to determine whether to issue a press release emphasizing protection and prevention and whether to contact the Mayor's office.
 - c. Contact Mayor's office.
 - d. Call CDC to report the case verbally and discuss recommendations.
 - e. Inform COG Health Officers and other pertinent and regional partners.
 - f. Conduct a conference call with CDC or COG Health Officers.
 - g. Discuss the case with hospital staff and caretakers.
 - h. Evaluate the situation and educate caretakers and other residents of the home regarding prevention and protection.
 - i. Evaluate the necessity to conduct a serological survey in the area.
 - j. Send a DOH team to the neighborhood to identify and reduce potential mosquito breeding sites.
 - k. Distribute outreach and education information in an eight square block area surrounding the location of the positive human case.
 - l. Larvicide in the eight square block area of the address of the victim
 - m. Schedule additional community speaking engagements as necessary.
 - n. Complete the appropriate DOH reporting forms.
15. Information on reportable cases of neuro-invasive disease will be shared between the West Nile virus program, the Public Health Laboratory and the Bureau of Epidemiology and Health Risk Assessment.
16. Results of human testing for WNV and other arboviruses (EEE, SLE, WEE & LAC) will be collected and analyzed by DOH on a weekly basis, and the results forwarded to CDC.





Mosquito Surveillance

Purpose:

Mosquitoes are the vectors for the transmission of certain diseases to humans and animals. Therefore, it is important to monitor various mosquito species throughout the District, especially those species known to transmit arboviruses. It is equally important to analyze the mosquitoes to determine if they are carrying West Nile virus, Malaria, Dengue fever or any other arbovirus.

The risk of disease transmission correlates directly to the presence of mosquito carriers that test positive for arboviruses and their population densities. Mosquito surveillance enables staff to conduct risk assessment, systematic planning, and a structured response. Activities involve trapping, speciating, determining population densities, and arboviral testing of resident mosquitoes.

Identifying mosquito-breeding sites for elimination or treatment, particularly those located near susceptible human populations, is a continuous and critical activity to support a formulation of an effective mosquito management program. Based on the results, DOH staff can assess the potential risk for disease in local animal or human populations and initiate mosquito control measures.

Strategy:

Multiple mosquito genera have been identified in the District as carriers of West Nile virus and malaria. The Department of Health has made a commitment to identify and test mosquitoes for diseases that may threaten the public health and safety of the residents and visitors in the District. *Culex pipiens* is the predominant carrier of the West Nile virus in the Washington, D.C. area.

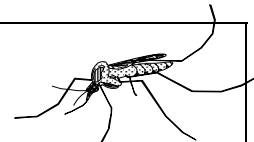
The mosquito species collected within the District in 2003 were: *Culex*, *Aedes*, *Ochlerotatus*, *Anopheles*, *Coquillettidia*, and *Psorophora*. The species collected in 2005 were *Culex*, *Aedes* and *Ochlerotatus*. DOH staff shall set over 50 mosquito traps beginning the first week of June and continuing through October. . Traps will be set for 2 trap nights per week. The mosquitoes will be collected, sorted, prepared for testing and transported to the DC Public Health Laboratory for arboviral testing.

The focus of mosquito surveillance is to trap and test *Culex* to determine infection rates. The CDC gravid trap, designed specifically to trap this species, will be the main tool for this surveillance. Previous experience has shown that the gravid traps work extremely well in the District.

In addition to WNV testing, all collected *Anopheles* will be tested for malaria. Other collected mosquitoes may be tested for Yellow Fever, Dengue fever and other arboviruses.

DOH and its federal and local partners have established stationary mosquito trap locations based on a grid system to cover the city with an even distribution of traps. In addition, staff will determine locations of other mosquito traps that will be moved in response to events, such as, increased mosquito activity or increased numbers of specimens testing positive. DOH will work cooperatively with the US Army, National Park Service and National Arboretum to set traps and collect mosquitoes from trap locations that are owned by the federal partners to ensure complete coverage per the grid configuration. Also, several light traps containing CO2 and mosquito magnets will be added to the





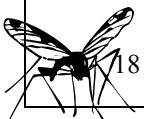
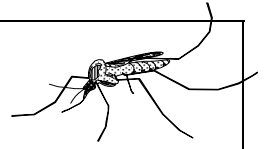
surveillance system for capture of various mosquito species.

Actions:

1. During the active mosquito season (typically April through October), the District of Columbia Department of Health will use special equipment to trap mosquitoes throughout the District.
2. Through a partnership between the DC Department of Health, National Park Services (Central, East and C&O Canal), and the Department of Defense, trap locations will be determined in a grid system throughout the District, with a maximum of 1.5 miles between any two traps.
3. The staff will set approximately 50 traps twice per week with two trap nights per trap per setting.
4. The National Park Service and the National Arboretum will purchase traps and the DC Department of Health staff will assist the National Park Service and the National Arboretum in mosquito trap setting, collection, speciation and testing.
5. Staff from the US Army mosquito-testing lab will assist in training DOH staff in mosquito identification, collection, specimen preparation, and transportation.
6. DOH staff has established stationary trap locations following a grid and several mobile traps, with location dependent upon various factors, such as, positive test results from other surveillance systems.
7. Frequency of trap setting may change based on mosquito density or minimum infection rates. Other traps, such as CDC light traps and mosquito magnets will be set in the District as determined by staff based on the species of mosquito that will be targeted and numbers of mosquitoes collected.
8. Mosquitoes will be transported to the DC Public Health Lab for arboviral testing. Prior to shipping DOH staff will speciate and the Public Health Laboratory will analyze the mosquitoes for the presence of West Nile and other mosquito-borne diseases. When testing is complete, results will be sent to the Department of Health. DOH staff will enter test results into a special database, called Arbo-NET[®] and upload the information to CDC in Fort Collins, CO. Information collected on mosquito population numbers and distribution will be collected during field studies and will be analyzed simultaneously with the mosquito virus test results. These results will help to identify possible areas of risk for WNV transmission by mosquitoes in the District.
9. DOH staff will procure sampling equipment for larval investigations. Equipment includes; dip sticks, felt sampling strips, and containers. Investigations will be on an as needed basis to determine which species are utilizing breeding sites.
10. When a positive mosquito pool is identified, DOH will consider the following actions:
 - a. Forward the information to the DOH Director of Communications to determine whether a press release will be issued.
 - b. Distribute outreach and education information in an eight square block area surrounding the location of each positive mosquito pool.
 - c. Larvicide in the eight square block area as the address of the positive pool
 - d. Work with residents to identify and eliminate potential mosquito breeding sites.



e. Upload information to CDC.





Avian Surveillance

Purpose:

The District of Columbia collected and tested dead birds from 2000-2002 as an early indicator of the presence of West Nile virus. Based on high levels of positive birds, 85%, DOH considers WNV to be endemic in the bird population in the District. Dead bird collection is no longer used as a primary tool to monitor disease and disease risk in the District of Columbia. The District will institute a live wild bird surveillance program to determine if asymptomatic birds may host the virus.

Several states, including the state of Maryland, have discontinued an active dead bird collection and testing program.

Information on the proper disposal of the birds is available at the DOH website at www.dchealth.dc.gov and by the Call Center staff at (202)535-2323.

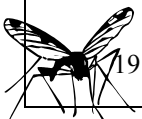
Strategy:

The Department of Health, in consultation with CDC, now considers West Nile virus endemic and enzootic in the District of Columbia. The value of collecting and testing dead birds as a predictor of virus activity is significantly diminished and may be considered unnecessary. Resources are better spent through outreach and education to educate and inform the public about prevention and protection measures. The District may test certain avian species, such as raptors or birds from endangered populations or exotic bird collections.

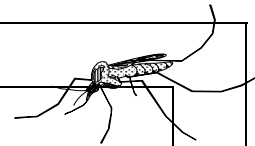
Sightings of dead birds will be reported and compiled at the Call Center. The public is asked to report the location and physical description of all dead birds.

Actions:

1. The Department of Health will monitor CDC updates regarding avian surveillance.
2. Various sites throughout MD and DC will be selected for mist netting in an attempt to detect the species of birds that may be reservoirs of WNV. Wild avian species will be humanely captured in accordance with USFWS guideline in areas with an ongoing or previous history of WNV activity; serum (and/ or swab, tissue) samples will be obtained. The bird will be aged, sexed, banded, recorded and released. Where possible, serology results will be matched with swab or tissue sample results. Data on banded birds will be submitted to the National Bird Banding Laboratory at the Patuxent Wildlife Research Center, Laurel, MD. U.S. FWS permits have been obtained for this purpose. These activities are dependent upon adequate funding.
3. The Department of Health will assist the National Zoo in monitoring the wild bird collection and collect dead bird reports.



Equine and other Mammal Surveillance



Purpose:

DOH shall conduct passive mammal surveillance in cooperation with area veterinarians, wildlife rehabilitators, local animal shelters and barn staff at the public equine boarding facility. Increased monitoring for encephalitic disease is a necessary tool for public risk assessment. West Nile virus can infect other mammals and is particularly virulent in horses and causes a nearly 40% mortality rate. Mammals are considered dead-end hosts, although some experiments under extreme scientific conditions have produced some level of transmission from animal to animal in cats. There is not sufficient scientific evidence to deem other mammals a suitable indicator at this time.

It is important to alert veterinarians about this disease, provide equine testing information if WNV or other arboviral infections are suspected, and encourage equine vaccination against WNV. DOH recommends vaccination of all equines residing or working in the District.

No mammals have tested positive in the District for the last five years.

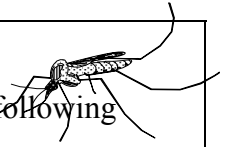
Strategy:

It is essential to monitor equine and other mammal West Nile virus activity. Veterinarians are encouraged and instructed to inform DOH of any possible West Nile virus infection, particularly those animals that present with a neurological component. DOH will investigate and take measures as necessary. DOH will recommend WNV vaccine to owners of horses and police department in District.

Actions:

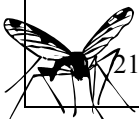
1. DOH will notify veterinarians about the WNV surveillance plan for horses and other mammals and give specimen submission recommendations for vaccines. The notification letter will inform veterinarians about the clinical signs of WNV, how to obtain testing for horses, information on the WNV equine vaccine and reporting protocol for equines and other mammals.
2. If a horse is suspected of having WNV infection, veterinarians will be asked to collect appropriate specimens (i.e. CSF, blood, necropsy samples) for testing or analysis. The DC Public Health Laboratory will perform virus isolation and polymerase chain reaction (PCR) on brain tissue and IgM capture ELISA on serum samples. Cerebrospinal fluid (CSF) has not been a useful diagnostic specimen to detect WNV in horses; therefore, its submission for arboviral testing will be discouraged. Confirmatory testing of sera will occur at NVSL in Ames, Iowa pending approval of the USDA/APHIS Area Veterinarian in Charge (AVIC).
3. Necropsies (thorough examinations of the bodies of dead horses to detect cause of death) will be performed, for a fee, on horses at any of the five Maryland Animal Health Diagnostic Laboratories, if the cause of death suggests WNV or other arboviral diseases causing encephalitis. Equine testing may take several weeks to complete.
4. Small mammal traps will be set at the location of mist nets to detect the virus activity in various wild mammals. Serum (and /or swab, tissue) samples will be collected from wild mammals and submitted for WNV detection. These activities are dependent upon adequate funding



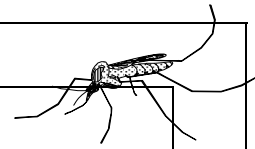


5. Once an equine or other mammal has been WNV-confirmed, DOH will consider the following actions:
 - a. Inform COG Health Officers, District veterinarians and other partners.
 - b. Test other mammals such as squirrels on a random basis.
 - c. Submit data results to the Director of Communications to determine if a press release is in order.
 - d. Contact animal owner and stable manager to discuss situation and educate them about prevention and protection.
 - e. Evaluate necessity for serological survey to be conducted at the location of the positive equine or other mammal.
 - f. Distribute outreach and education information in an eight square block area surrounding the location of the positive equine or other mammal.
 - g. Larvicide in 8 square block area as address of mammal testing positive for WNV.
 - h. Schedule additional community speaking engagements as necessary.
 - i. Complete DOH reporting forms.
 - j. Upload data to CDC.
6. Results of horse blood testing and of horse necropsies will be collected, analyzed, and reported to CDC on a weekly basis.

Note: Protection of horses involves vaccination and keeping horses stabled inside during high mosquito feeding times, i.e., dusk and dawn. Insect-proofing stables and use of repellents are strongly recommended. USDA approved an equine WNV vaccine in 2002 that has proved to be effective and safe.



Mosquito Management



Purpose:

The safest and most successful technique in controlling mosquito populations is to identify and eliminate potential mosquito breeding sites and mosquito harborage by removing standing pools of water (e.g. waste tires, yard clutter, and neglected swimming pools). Introduction of natural predators, such as goldfish, or larvicidal applications to pools of water can also be effective in reducing larval hatching in those sites. To minimize the public health risk of WNV, other arboviruses and other diseases, it is important to reduce the sources of standing water and supplement by controlling the larvae growth (larvicide) as a mosquito management tool to reduce the mosquito population.

CDC has stated that larvicidal applications in catch basins and standing water is an essential component to a mosquito management program and it is the most successful method to reduce mosquitoes over time. In addition, the CDC recommends larvicidal applications rather than spraying for both efficacy in reducing mosquito populations, environmental factors and cost effectiveness. Best practices also indicate that preparation and enforcement of nuisance legislation contributes to mosquito elimination. DOH staff will apply larvicide to catch basins and standing water. Adulticiding only kills mosquitoes that are flying and remains effective for only a few hours. The efficacy of adulticiding is open for debate and is not considered an effective tool for mosquito management or control through only one application, or, over time, as shown through scientific research. Reapplications of adulticide may compound negative health effects of pesticide usage.

In 2005, staff from DOH conducted treatments for mosquito control (larvicide) for a total of seven thousand three hundred seven (7,307) catch basins. The break-down of catch basins treated by ward is the following: Ward 1-1519, Ward 2-954, Ward 3-727, Ward 4-1447, Ward 5-410, Ward 6-873, Ward 7-746, Ward 8-631. This treatment also includes treatments in alleys with poor drainage, ponds, swamps, and park sites.

DOH responded to WNV positive human test results, positive mosquito results, increased mosquito density and nuisance areas by applying larvicide in an eight square block area from the specific address or location.

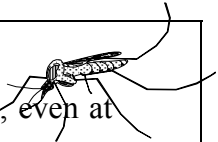
Strategy:

DOH, following CDC recommendations, shall apply larvicidal treatment to mosquito breeding sites beginning early and lasting late into the season. Staff applies larvicidal treatments, as outlined in other sections of this document, in response to both positive mosquito pool collections and positive human reports. These treatments will be in an eight square block area from the determined site of the virus. In 2005, staff collected significantly lower numbers of mosquitoes in mosquito traps set in areas where larviciding was applied. Larviciding appears to be a relatively inexpensive and effective method for mosquito control and reduction and significantly aided in the protection of humans in the District against West Nile virus.

The District does not expect to spray for adult mosquito control for many reasons.

- **Washington, DC has the highest asthma rate in the country (2.5 times the national average).** Aerosolized pesticides can trigger asthma and aggravate respiratory conditions. To lessen the negative effects of spraying, it would be necessary to have every person remain





indoors for several hours after spraying. Broadcast aerosol applications of pesticides, even at night, will elicit a negative public response.

- **Forty percent (40%) of the land in Washington, DC is federally owned. Embassies are located on foreign soil.**

The District does not have authority to apply larvicide or adulticide products at embassies. Multiple jurisdictions within the confines of the District create difficulty in developing and implementing policy. Pesticides from aerial or ground ULV applications can drift and potentially cause liability issues.

- **Washington, DC is home to an endangered species (Hays Spring Amphipod) and a rare invertebrate (Kenk's Amphipod)**

As aquatic arthropods, these shrimp-like organisms are extremely sensitive to pesticide residues. These species are found nowhere else in the world. Hays Spring Amphipod is known only from a spring on the grounds of the National Zoo and the Kenks Amphipod is presently only known from a site in Rock Creek Park.

- **The Asian Tiger Mosquito (*Aedes albopictus*), a West Nile Virus vector, is a day flying mosquito.**

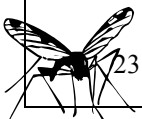
Application of pesticide sprays during the evening would have limited effect on this species.

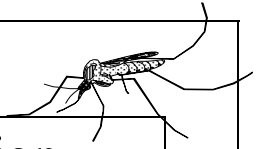
- **Non-target organisms would be affected.**

Broad-spectrum insecticides such as Malathion and Sumithrin will kill many insects that are unintended targets.

Actions:

1. DOH staff shall begin larvicidal applications as weather conditions become conducive to mosquito breeding activity.
2. Larvicidal application sites are initially determined based on a grid-system throughout each ward in the District.
3. DOH staff shall apply larvicide in an eight square block zone surrounding the location of positive mosquito pools from surveillance year 2005. DOH staff shall larvicide each grid location approximately 3 times per year.
4. As positive WNV sites become known through surveillance measures, larvicide will be applied in eight square block zones surrounding each positive location and repeated every four to six weeks.
5. DOH staff shall enforce local ordinances prohibiting the breeding and harborage of disease-causing insects.
6. DOH staff shall notify the D.C. Water and Sewer Authority (DCWASA) of the need for DCWASA to monitor, assess, clean and maintain the catch basins located throughout the District.
7. DOH staff will contract with a sewer-baiting vendor to aspirate for adult mosquitoes, package and deliver to DOH for speciating and testing. DOH expects approximately 2,000 sewers to be sampled. These activities are dependent upon adequate funding





Public Information, Outreach & Education Campaign

Purpose:

The DOH shall inform District residents and visitors citizens of the risk from arboviruses and inform them of current DOH surveillance, prevention and management strategies. Public cooperation is essential in reducing the risk of WNV infection by identifying and eliminating mosquito-breeding sites and taking personal protective measures.

For successful implementation, DOH shall provide information to the public, healthcare communities, and government agencies. Flyers, web sites, news briefs, bulletins, and physician alerts exist for distribution to targeted populations. Press releases will be issued as required.

The DOH shall release educational campaigns seasonally based upon the mosquito life cycle and current threats to citizen health. Information will be developed accentuating targeted messages for specific time periods. There will be early year, mid year and late year messages.

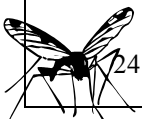
In 2005, four thousand three hundred eighty- six (4,386) brochures were distributed to elderly homes, day care providers, and neighborhood services, door-to-door and to all DC Libraries. Literature was also provided at various events. In addition, DOH representatives participated in numerous media forums.

Strategy:

The development of multiple targeted messages distributed throughout the surveillance year was a strategy that was used successfully in New York in 2002. Outreach and education information was considered an essential component in protecting the public health and safety of the District residents and visitors.

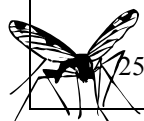
Actions:

1. The Mayor shall conduct a press conference to announce the publication and implementation of this Plan following approval.
2. DOH shall establish the West Nile Virus Call Center on or about April 1 or earlier as indicated by environmental and meteorological conditions.
3. DOH shall update the public with informational materials concerning West Nile virus infections and ways to minimize mosquito exposure. These documents will be made available by request through the Call Center and on the DOH website.
4. DOH will create a video public service announcement (PSA) on the topics of personal protection, use of repellants, identification and elimination of environmental conditions that may be conducive for the breeding and growth of mosquitoes. These activities are dependent upon adequate funding.
5. DOH in partnership with the Department of Public Works (DPW) and other agencies will conduct a Tire Round-Up in late Spring, if funding is available. This program will decrease the number of old tires in the community provide habitat for the breeding and growth of mosquitoes by providing a location where residents may bring old tires for recycling – See Appendix [F].





6. Representatives from DOH will be available to answer questions from the public and media. DOH Office of Communication will handle the coordination of media requests.
7. The public education campaign will emphasize the following– See Appendix [G]:
 - Personal protection and prevention methods (use of repellents, wearing clothing on extremities, staying indoors at dusk and dawn).
 - The elevated risk to immunocompromised and elderly citizens of developing serious symptoms from WNV infection.
 - How to eliminate sites around residential areas, commercial establishments, and recreational areas where mosquitoes can breed and develop.
 - Where and whom to call for further information about mosquito control.
 - Landscaping tips to discourage mosquitoes from breeding on properties.
 - Identification and elimination of environmental conditions in cemeteries (i.e. standing water in decorative urns) and open spaces that may be conducive to the breeding and growth of mosquitoes.
8. DOH shall distribute information to healthcare providers, residential facilities, churches, recreation centers, Office of Maternal and Child Health (OMCH), Addiction Prevention and Recovery Administration, public schools and other government agencies.
9. If mosquitoes in a given area are determined to have WNV, a public education campaign will focus directly on that area.
10. Other field personnel in DOH, such as food safety inspectors, will distribute brochures and other information.
11. All pertinent information, such as weekly reports, mapping and brochures will be provided to the Mayor and will be available on the web. The web site will be updated every two weeks or less.





Public Health Laboratory

Purpose:

The District of Columbia Public Health Laboratory (PHL) expanded capabilities to conduct comprehensive West Nile Virus arboviral testing in 2005 and will continue to test specimens in 2006.

All arboviral suspect specimens will be tested in the PHL. The laboratory will run real-time polymerase chain reaction (PCR) and confirmatory plaque-reduction neutralization testing (PRNT) on both human and animal specimens as indicated. The PHL will conduct screening and confirmatory testing on all in-patient submissions from District hospitals and on specimens initially determined positive by commercial labs.

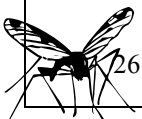
Mosquito screening for arboviruses will also be conducted at the PHL using CDC approved protocols.

Strategy:

The District of Columbia has expanded laboratory capacity to permit both human and mosquito arboviral testing to be completed in house in order to protect the public health and safety of the residents and visitors in the District. Increased analytical monitoring for encephalitic disease is a necessary tool for public health risk assessment.

Actions:

1. Infrastructure for West Nile Virus testing has been developed at the PHL. The necessary equipment and CDC recommended protocols for human specimen testing are ready for use. Human specimens will be tested by PCR for WNV, SLE, and other arboviruses as appropriate.
2. Staff training for West Nile Virus testing is complete.
3. A West Nile Virus validation study has been completed.
4. Proficiency Testing has been initiated.
5. The PHL will adhere to all HIPPA regulations. Patient information will be kept strictly confidential and test results will be forwarded to appropriate parties by secure means only.





Information Technology

Purpose:

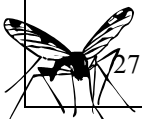
Monitoring infectious and communicable disease cases within and around the District Metropolitan Area is based on compulsory reporting requirements for emergency and infection control departments, clinical laboratories, physicians, and both District and Federal legislative mandates. Presently, there is no overall integrated IT application architecture at DOH. The current National Electronic Telecommunications System of Surveillance (NETSS) does not provide for the electronic transmission of information from healthcare providers and the Department of Health. Information is conveyed by fax, telephone or mail.

The Department of Health is now developing the Washington Automated Disease Surveillance System (WADSS), a new automated surveillance system based on the CDC's National Electronic Disease Surveillance System (NEDSS). The purpose of this system is to take advantage of contemporary technology to make reporting between health providers, state/local public health agencies, and CDC both more rapid and timely, and consistent. It will also allow for the integration of the Syndromic Surveillance System for Bioterrorism with other infectious disease databases.

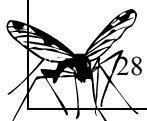
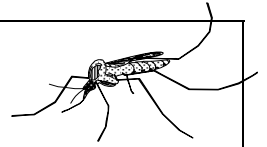
Currently, the West Nile Virus Database is an Access Database and data received by phone or fax is entered into the database by a program staff. With the introduction of Geographic Information Systems (GIS) into the science field, tracking the spread of disease has become easier. Benefits of a GIS-based system include the early warning of WNV activity, targeted remediation, and effectiveness in planning and controlling costs of remediation efforts, ability to readily map "hot spots". This system will also decrease administrative costs and increase program management efficiency.

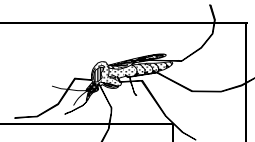
Actions:

1. DOH staff shall continue to include West Nile Virus staff in the NEDSS and Bioterrorism Surveillance Committee
2. DOH staff shall improve coordination and integration of data collection through the Washington DC automated Disease Surveillance System
3. DOH staff shall secure transmission of data via a web-based system. A web-based system is being developed for the NEDSS and users will be provided with passwords to access the system
4. DOH staff shall conduct and support web browser-based data entry and management
5. DOH staff shall accept, route and process electronic HL7 messages containing laboratory, clinical, information and integrate with mosquito and avian databases
6. DOH staff shall develop an active data translation and exchange (integration broker) functionality
7. DOH staff shall develop data reporting and visualization capability
8. DOH staff shall implement a security system and appropriate security policies.
9. DOH staff shall be trained on efficient use of Arc Pad



10. DOH staff shall assist in the complete installation of GIS equipment and programs.





Data Analysis and Reporting

Purpose:

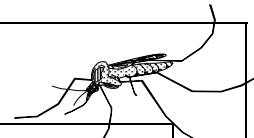
Decision making process under uncertainty is largely based on application of statistical data analysis. Information from the West Nile Virus Surveillance System can be used to compile and produce graphical displays and animations showing the pattern and spread of the virus. Other analyses can be done to detect clusters of infections and to determine the geographic origin of the outbreak.

The surveillance system will provide basic information on the spatial distribution of WNV. The combination of this data with information about weather conditions, over space and time, will provide the foundation for developing spatial analytical and forecasting models. It is imperative that data are compiled accurately and forwarded to various partners in a timely manner. DOH shall contract with an entity to provide the following services: (These activities are dependent upon adequate funding.)

Actions:

1. Improve coordination and integration of data collection the Washington DC automated Disease Surveillance System.
2. Develop a comprehensive set of basic data elements as indicated in the NEDSS standards.
3. Continue to include West Nile Virus staff in the NEDSS and Bioterrorism Surveillance Committee
4. Compile ground meteorological and remotely sensed data for the District of Colombia for an assessment of seasonal climatic and environmental change.
5. Provide simple descriptive analyses of data and show trends on a weekly basis. Syndromic Surveillance data will also be used to describe trends during the WNV season.
6. Use aberration detection methods to show unusual patterns of occurrencesDisseminate information by the following media: routine surveillance reports, such as MMWR of CDC, monographs, and state annual reports, peer review journal publications, DOH website and presentation at conferences and other national meetings





Acknowledgements & Contact Information

ACKNOWLEDGEMENTS

The Department of Health would like to acknowledge the following distinguished organizations and individuals for their strong support, contribution and participation in the development of this Plan:

Centers for Disease Control and Prevention
The Metropolitan Washington Council of Governments
The National Park Service
The National Zoological Park
The United States Army Center for Health Promotion and Preventive Medicine
The United States Department of Agriculture/ Wildlife Services

The Department of Health's West Nile Virus/Arbovirus Surveillance Program Working Group:

Leila Abrar, MPH	Director of Communications
Kenneth Campbell, Esq.	Agency General Counsel
John Davies-Cole, PhD, MPH	Chief, Bureau of Epidemiology & Health Risk Assessment
Chevelle Glymph, MPH	Program Manager, Disease Surveillance and Investigation Div
Maria Hille	Acting Program Manager, Animal Disease Prevention Division
Peggy Keller, MPH	Chief, Bureau of Community Hygiene/West Nile Virus Program Manager
Maurice Knuckles, PhD, MSPH	Director, Public Health Laboratory

Other Distinguished Contributors:

Gregg A. Pane, MD, MPA	Director
Robert L. Vowels, MD, MPH.	Senior Deputy Director, Health Care Regulation and Licensing Administration

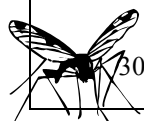
CONTACT INFORMATION

For further information, visit the Department of Health website at <http://www.dchealth.dc.gov> and click on the West Nile Virus button, or contact:

Peggy Keller
Program Manager, West Nile Virus Program
51 N Street, N.E., 6th Floor
Washington, DC 20002
Phone: (202) 535-2323
Email: peggy.keller@dc.gov

For Customer Service Requests

Call the West Nile Virus Call Center at (202) 535-2323



B-1
APPENDIX A



WNV PHYSICIAN'S ALERT

PHYSICIAN ALERT WEST NILE VIRUS PHYSICIAN ALERT

The Department of Health (DOH) continues to emphasize the importance of active surveillance for human cases of West Nile Virus (WNV). Fax case report forms to (202) 442-8060.

For information on laboratory testing for WNV call (202) 535-2323.

For clinical questions about WNV, please call (202) 442-5842.

Reporting suspected cases of West Nile Virus (WNV)

neuro-invasive disease

To monitor for WNV infection, the Department of Health (DOH) is offering laboratory testing for WNV and other arboviruses in persons hospitalized with neuro-invasive disease, such as, encephalitis, meningoencephalitis, or aseptic meningitis, in that order or priority. Despite the publicity about WNV, there are many other, more likely causes of encephalitis and aseptic meningitis. In the late summer and early fall, enteroviruses should be considered, particularly in patients 16 years of age or younger. Other causes of encephalitis include herpes simplex (HSV), varicella zoster (VZV) and post smallpox vaccination. All confirmed positive IgM and IgG results from commercial laboratories must be reported immediately to DOH at (202) 535-2323 and be confirmed by DC Public Health Laboratory (PHL).

Case Definition

Clinical Description: Arboviral infections may be asymptomatic or may result in illnesses of variable severity sometimes associated with central nervous system (CNS). Clinical syndrome can range from febrile headache to aseptic meningitis to encephalitis. Arboviral meningitis is characterized by fever, headache, stiff neck and pleocytosis. Arboviral encephalitis is characterized by fever, headache and altered mental status ranging from confusion to coma with or without signs of brain dysfunction.

Case Classification: Probable – an encephalitis or meningitis case, with the supportive serology, occurring during a period when arboviral transmissions is likely: 1) a single or stable (less than or equal to twofold change) but elevated titer of virus-specific serum antibodies; **or** 2) serum IgM antibodies detected by antibody-capture EIA but with no available results of a confirmatory test for virus specific serum IgG antibodies in same or later specimen. **Confirmed-** an encephalitis or meningitis case that is laboratory confirmed.

Testing for West Nile Virus (WNV)

Please submit > 5.0 ml of serum (or plasma for virus isolation) and > 1.0ml of CSF. Please do not submit whole blood. Convalescent specimens (2 weeks after initial specimen) should be clearly labeled as such so appropriate testing can be done. A copy of the case report must accompany each specimen/set of specimens submitted for testing.

Mild Illness

DOH does not recommend WNV testing for persons in whom there is low index of suspicion for WNV infection. Testing for WNV is not available at the DOH Public Health Lab for persons suspected of having WNV infection on the basis of mild illness, such as fever or headache, and recent mosquito bites. Rather than testing these persons, they should be advised to seek medical attention if more severe symptoms develop such as confusion, severe muscle weakness, lethargy, severe headache, stiff neck or photophobia.

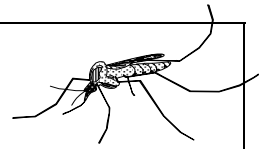
Guidelines for specimen collection and submission for each type of test:

The viremic phase of a WNV infection in humans is generally of short duration, with low detectable virus titers. Therefore, virus isolation and/or testing by PCR is only conducted on CSF or plasma collected within five days of illness onset, or on postmortem specimens. CSF samples are also to be forwarded for serological testing if sufficient volume remains. After five days, serological testing of serum or CSF is appropriate. The table below summarizes the guidelines for specimen collection and submission by type of test.

Test results

Negative results will be available 3-5 days after receiving the specimens and completed case report form. Positive results will require confirmatory testing and will take longer.

Please call (202) 535-2323 to provide the patient information needed to process specimens and for further specimen collection instructions. DOH staff will make arrangements for transporting specimens at that time.



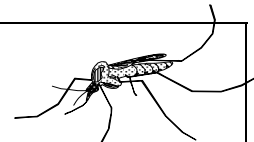
Type of test	Specimen	Timing in relation to onset of illness	Transport
IgM capture ELISA (WNV, EEE, Wee, SLE, CE)	Serum	Within 22 days	Keep refrigerated and transport on wet ice
Paired IgG serology (WNV, EEE, Wee, SLE, CE)	Serum	Acute: within 14 days Convalescent: 2-3 wks after acute specimen	
Virus isolation and TaqMan TR-PCR for WNV	Plasma (separate from whole blood within 2 hrs of collection)	Within 5 days	Freeze at –70° within 2 hrs of collection and transport frozen on dry ice.
	CSF	Within 5 days	
	Post mortem specimens (brain stem tissue or CSF)	When obtainable	

For additional information please see the DC Department of Health’s Website at www.dchealth.dc.gov



Government of the
District of Columbia
Anthony A. Williams, Mayor

B-3
APPENDIX B



WNV INFECTION DISEASE PRACTITIONERS ALERT
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



Bureau of Epidemiology and Health Risk Assessment



MEMORANDUM

TO: Infection Control Practitioners
District of Columbia Hospitals

FROM: John Davies-Cole, PhD, MPH
Chief, Bureau of Epidemiology and Health Risk Assessment
State Epidemiologist

SUBJECT: West Nile Virus Human Surveillance

DATE: May 15, 2006

During 2005, three District of Columbia residents were hospitalized with neuro-invasive disease, due to West Nile Virus (WNV). No human deaths secondary to WNV were reported during this time.

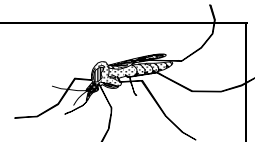
The primary objective of the DC Department of Health's Human West Nile Virus Surveillance Program is to rapidly detect human illness due to mosquito borne diseases, especially WNV.

In continued efforts towards this goal your assistance is valued and critical. Please immediately report all suspected cases of viral encephalitis and viral meningitis to the Department of Health via the viral meningitis / encephalitis case report form. For all hospitalized suspected cases of WNV:

- Submit laboratory samples (serum or cerebrospinal fluid) to the DC Public Health Lab. Call 202-535-2323 for specimen pick-up
- Submit a completed meningitis / encephalitis case report form for all suspected cases (Fax 202-442-8060)
- Laboratory results will be sent to both the hospital infection control practitioner (ICP) and the hospital lab
- Request for further clinical information or specimens will be sent to the ICP

Thank you in advance for your assistance. Should you have any questions please feel free to contact the Division of Disease Surveillance and Investigation at 202-442-9177 or Delores Smith, Disease Investigator at 202-442-5842.

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APPENDIX C



WNV VETERINARIAN'S ALERT

GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health

Bureau of Community Hygiene
Animal Disease Prevention Division



May 15, 2006

TO: District of Columbia Practicing Veterinarians

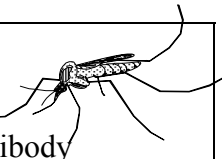
SUBJECT: West Nile Virus (WNV) Update

In anticipation of the upcoming West Nile Virus (WNV) season in our area, we are updating the following information to assist you in identifying, testing and reporting West Nile virus cases.

Surveillance and control plans: The District of Columbia Department of Health has developed an Arbovirus Surveillance and Response Plan for the year 2005. This plan outlines WNV surveillance for humans, birds and mammals, and mosquitoes. The plan also provides a prevention, control, and response program for WNV for the District of Columbia. The plan as well as prevention and control measures, periodic health alerts and weekly surveillance reports are available on the Department of Health website at www.dchealth.dc.gov. Clients should be advised to apply the same general guidelines proposed for people to their pets to reduce the chance of their pet's exposure to West Nile virus.

Reporting and testing of ill animals: In animals ill with encephalitis that you may encounter in your practice, rabies is still a more likely diagnosis than WNV, and is a more critical diagnosis in regards to rapid provision of preventive treatment to persons exposed. If rabies is suspected and exposures have occurred, such as a bite or other human contact with the animal's saliva, the animal must be euthanized and submitted for rabies testing. That submission should be coordinated with the Department of Health. For horses from a WNV affected area that test negative for rabies, the Laboratory will subsequently test the brain specimens for WNV. Routine WNV testing of the brains of additional rabies-negative animals may be arranged depending on resources and priorities.

Clinical disease and transmission caused by WNV infection in dogs and cats was documented in 2002. Clinical case criteria that have been helpful in narrowing down human encephalitis cases for WNV testing include fever, altered mental status, muscle weakness by neurologic exam or EMG, and abnormal CSF with increased protein, pleiocytosis, and lymphocytosis. Animals ill with encephalitis that do not require euthanasia and rabies testing and are from WNV affected areas may be tested for WNV. The District of Columbia Public Health Laboratory will conduct serologic and virus isolation testing for WNV. Because rabies is a more likely diagnosis in small companion animals, and pets are unlikely to become clinically ill with WNV, please consult with Department of Health Animal Disease Control Division if you have questions regarding sample submission criteria.



For encephalitis cases in domestic animals/livestock, Department of Health, Animal Disease Prevention Division must be consulted before submitting samples. Samples collected for antibody detection should be collected in red top (clot) tubes and should be paired samples. Virus isolation has, to date, been successful with brain, spinal cord, and kidney.

Prevention: Efforts should be directed to minimize exposure to mosquitoes. The single most important control effort should be to eliminate or minimize mosquito breeding habitat near dwellings or stable areas. Clients should be directed to police their areas for cans, tires, clogged gutters or other items which hold standing water that can be used as breeding sites for mosquitoes. This includes swimming pools that are not opened and not maintained in good condition. Water troughs and water dishes should be kept in good condition, water changed every three days, and maintained such that they do not become breeding sites for mosquitoes. By minimizing breeding sites of the WNV carrier mosquito, the number of adult mosquitoes and potentially virus positive mosquitoes that interact with mammalian hosts can be decreased.

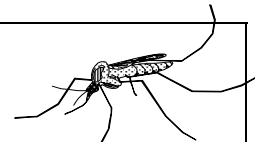
In addition to decreasing the number of breeding sites for the vector, keeping animals in during dawn and dusk when *Culex spp.* is most active may decrease exposure to this mosquito species that prefers to feed in twilight. Insect spray may be effective for short periods of time, but will not have a lasting effect.

Summary:

The risk of acquiring WNV infection from horses or other mammals as a clinician examining these animals is un documented. WNV is vector-borne, however it is prudent to practice universal precautions when handling animals with neurologic signs, especially since rabies, a differential rule-out, can be transmitted directly from an infected animal.

For further questions and submission criteria, please call the District of Columbia Department of Health, Animal Disease Prevention Division, 202-535-2323.

B-6
APPENDIX D



“Vector-Borne Infectious Diseases Control Emergency Act of 2005”

AN ACT

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

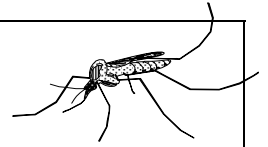
To establish procedures for the control of public health nuisances relating to vector-borne infectious diseases including prohibiting certain activities that increase the probability that standing, untreated water could develop on a property and create a public health nuisance, authorizing the Mayor to inspect property to determine whether a public health nuisance exists, authorizing the Mayor to take corrective action to abate a public health nuisance, establishing a fund to cover the costs of corrective actions to abate public health nuisances, providing penalties for violations of this act, and requiring the Mayor to issue rules to implement this act, and to repeal unnecessary regulations pertaining to standing water on property.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Vector-Borne Infectious Diseases Control Emergency Act of 2005”.

Sec. 2. Definitions.

For the purposes of this act, the term:

- (1) “Abate” means to eliminate a public health nuisance, or to reduce the degree or intensity of a public health nuisance.
- (2) “District” means the District of Columbia.
- (3) “Person” means any individual; partnership; corporation, including a government corporation; trust association; firm; joint stock company; organization; commission; the District or federal government; or any other entity.
- (4) “Property” means land, including any water thereon, and improvements to land.
- (5) “Public health nuisance” means:
 - (A) Any property, including water, that supports the development, attraction, or harborage of vectors;
 - (B) Any property that has a vessel, container, or other structure holding water that provides a breeding place for vectors; or
 - © Any activity that supports the development, attraction, or harborage of vectors, or that facilitates the introduction or spread of vectors.
- (6) “Vector” means any animal capable of transmitting the causative agent of human or animal disease or capable of producing human discomfort or injury, including mosquitoes, flies, mites, ticks, or other arthropods.



Sec. 3. Prohibited activities.

(a) No person shall:

- (1) Cause or allow the open dumping of any tire;
- (2) Cause or allow the open burning of any tire;
- (3) Cause or allow the storage of any tire unless the owner or operator of the property where the tire is stored takes measures to prevent the tire from accumulating water by covering or altering the tire; or
- (4) Cause or allow a tire to be used in playground equipment unless the tire is altered to prevent the accumulation of water.

(b) No person shall cause or allow standing water on property unless the person takes measures to prevent the breeding or harborage of vectors, including the following:

- (1) Draining or replacing water frequently enough to prevent vector breeding;
- (2) Covering water-bearing containers with fine netting to prevent access by vectors; or
- (3) Applying larvicide to the standing water.

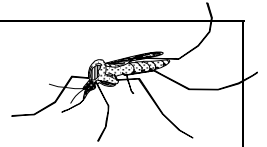
Sec. 4. Inspection.

- (a) The Mayor, acting on the Mayor's own information or observation, or on the information or observation of another person, may inspect occupied or vacant property to investigate an allegation of a public health nuisance.
- (b) Upon the presentation of appropriate credentials to the owner or occupant of the property, the Mayor shall conduct the inspection during reasonable times and in a reasonable manner.
- (c) If the owner or occupant of the property denies the Mayor access for the purposes of this section, the Mayor may apply to a court of competent jurisdiction for a search warrant.
- (d) If, as a result of an inspection, the Mayor determines that a public health nuisance exists, the Mayor may order the owner or occupant to take appropriate action to abate the public health nuisance in accordance with section 6.

Sec. 5. Prima facie evidence of a public health nuisance.

The presence of vectors in their developmental stages on a property, or in a vessel, container, or other structure on a property, shall be prima facie evidence of a public health nuisance.

Sec. 6. Abatement of a public health nuisance.



(a) When the Mayor determines that a public health nuisance exists on a property, the Mayor shall issue a notice of

(b) violation to the person alleged to have created the public health nuisance or the owner or occupant of the property. The Mayor may serve the notice of violation on the owner, occupant, or any other responsible person at the premises, deliver the notice of violation by prepaid mail, return receipt requested to the owner or occupant of the property, or post the notice in a conspicuous place on the property in violation. The notice of violation shall include the following:

(1) The location, date, and time that the public health nuisance took place or that the Mayor investigated the public health nuisance;

(2) The nature of public health nuisance;

(3) The time, not later than 10 days, within which the public health nuisance shall be abated;

(4) The specific corrective actions the owner or occupant shall take to abate the public health nuisance; and

(5) A statement that failure to abate the public health nuisance shall constitute a violation of this act, with each day of violation consisting of a separate offense.

(b) Upon receipt of a notice of violation, the person responsible for the property shall abate the public health nuisance within the time specified in the notice of violation. The Mayor may grant additional time to abate the public health nuisance upon a request from the responsible person and a good faith showing that the person has made an effort to abate the public health nuisance and that a longer time for abatement is necessary.

Sec. 7. Corrective actions by District to abate a public health nuisance.

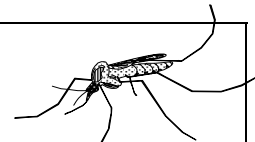
(a) Subject to the availability of appropriations, the Mayor may undertake actions to correct certain health hazards that have resulted from the development, attraction, or harborage or vectors, including cleanup, abatement, and preventive measures, if the following conditions exist:

(1) The District needs to take an action in order to protect human health; and

(2) One or more of the following conditions exist:

(A) The action is required to protect public space;

(B) No person can be found who is the owner of the property in question, and is capable of proper implementation of the required corrective



action within 30 days of the posting of
notice on the property in question that violation of this act has occurred, or shorter period,
if so determined by the Mayor, as may be necessary to protect human health;

(C) A situation exists that requires immediate action by the Mayor to protect human health;

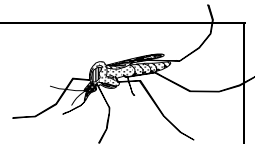
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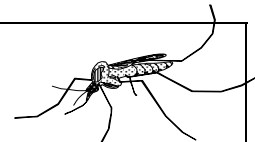
(D) The responsible party has failed or refused to comply within 30 days of a mayoral order
for compliance.

- (b) If the District incurs costs for undertaking any corrective or enforcement action to abate
development, attraction, or harborage of vectors, all parties found to be liable by the Mayor shall be
jointly and severally liable to the District government for the costs incurred by the District. In
addition to any other enforcement action, the Mayor may assess any reasonable costs for correcting
the condition and any related expenses as a tax against the property, carry the tax on the regular tax
rolls, and collect the tax in the same manner as real estate taxes are collected.

Sec. 8. Vector-Borne Infectious Diseases Control Fund.

- (a) There is established the Vector-Borne Infectious Disease Control Fund (“Fund”) as a nonlapsing, revolving
fund, to be administered by the Mayor as an agency fund as defined in section 373(2)(I) of Title 47 of the
District of Columbia Official Code, to be used exclusively for the purposes stated in subsection (b) of this
section.
- (b) Disbursements from the Fund may be used by the District to undertake actions to correct certain public health
hazards that have resulted from the harborage of vectors, including cleanup, abatement, and preventive
measures, in accordance with section 7(a), and to cover the administrative and operational costs incurred by
the District in the implementation of the corrective actions.
- (c) The Fund shall be financed through fines, civil penalties, costs and judgements recovered, and monies
received as reimbursement by the District government pursuant to this act and regulations promulgated by the
Mayor.
- (d) The Fund shall be accounted for under procedures established pursuant to subchapter V of Chapter 3 of Title
47 of the District of Columbia Official Code.
- (e) Nothing in this section shall be construed to make the District government responsible for corrective action
costs to any person in excess of the monies in the Fund.





Sec.9. Penalties.

A violation of this act or the rules issued under authority of this act shall be a civil infraction for the purposes of the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code § 2-1801.01 *et seq.*) (“Civil Infractions Act”). Civil fines, penalties, and fees may be imposed as sanctions for any infraction of the provisions of this act, or the rules issued under authority of this act, pursuant to Titles I-III of the Civil Infractions Act. Adjudication of any infraction shall be pursuant to Titles I-III of the Civil Infractions Act.

Sec. 10. Rules.

The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), shall issue rules to implement the provisions of this act.

Sec. 11. Repealer.

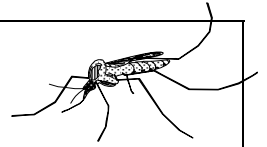
Subsections 106.1 and 106.2 of Title 22 of the District of Columbia Municipal Regulations (Public Health and Medicine) are repealed.

Sec. 12. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602©(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02©(3)).

Sec. 13. Effective date.

This act shall take effect following approval by the Mayor, (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602©(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02©(1)), and publication in the District of Columbia Register.



APPENDIX E

TIRE ROUND-UP CAMPAIGN

Purpose:

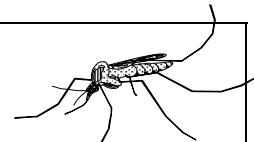
To eliminate potential mosquito-breeding sites by removing discarded tires that serve as reservoirs for water and to develop a program to recycle collected tires.

The District of Columbia invests considerable resources to support recycling as a way to protect our environment. By bringing products manufactured from scrap tires "full-circle" back to the community, people can see the results of everyone's recycling efforts.

This pilot project will highlight ways in which recycled scrap tire products can be used in the improvement of community facilities such as playgrounds, parks, buildings, walkways, arenas, etc. There are increasing opportunities for communities to use and benefit from the growing range of tire-recycling products. The project will provide an opportunity for community groups to observe and assess the value of using recycled scrap tire products. This activity is dependent upon adequate funding.

Actions:

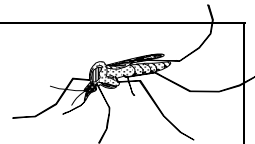
1. Develop and finalize plan to collect tires from residents at one location, such as, RFK Stadium, for recycling. Through educational outreach efforts, residents will be requested to bring their old tires to the collection site.
2. Coordinate with Department of Public Works, DPW, to remove tires from resident homes and transport to collection site.
3. Prepare Statement of Work for Office of Contracting and Procurement, OCP, to seek a qualified vendor to develop a tire-recycling program at one location.
4. Develop Public-Private partnerships with stakeholders to collect and recycle tires.
6. Coordinate with other agencies, such as DCRA, for a multi-agency plan.



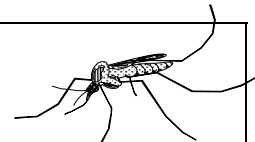
B-12
APPENDIX F

OUTREACH AND EDUCATION SEASONAL MESSAGE

Pre-Season (April-May)	Mid-Season (June-July)	Late Season (Aug-Sept)
<p>Messages</p> <ul style="list-style-type: none"> ♦The DC DOH is prepared ♦Mosquitoes can carry disease ♦Clean up standing water around your home ♦Persons over age 50 are at a higher risk for serious illness from WNV ♦DC DOH will not be collecting birds this season <p>EMPHASIS: Eliminate standing water and potential mosquito breeding sites</p>	<p>Messages</p> <ul style="list-style-type: none"> ♦Continue Pre-Season messages ♦The DC DOH is working to Protect YOU ♦Wear personal protection, bug spray with DEET when outdoors ♦Risk from WNV is increasing as mosquitoes start to appear ♦Dead birds need to be disposed of in double plastic bags <p>EMPHASIS: Eliminate standing water and potential mosquito breeding sites</p>	<p>Messages</p> <ul style="list-style-type: none"> ♦Continue Pre and Mid Season messages ♦Mild, flu-like symptoms are not dangerous, if you have headache with high fever, disorientation and muscle pain with weakness, seek medical attention ♦Other animals can become infected, contact your veterinarian if you have particular concern about a domestic or farm animal <p>EMPHASIS: Eliminate standing water and potential mosquito breeding sites</p>



B-14
APPENDIX G



**WORK PLAN FOR MOSQUITO ARBOVIRUS
DISTRICT OF COLUMBIA COLLABORATIVE
SURVEILLANCE PROGRAM**

May 2006

I. Purpose

To assess the threat of West Nile virus (WNV), malaria and other arboviruses in the District of Columbia by determining the presence, distribution, and relative abundance of potential vector mosquito species and to test collected material to determine the presence of arborviral pathogens. This information will be used to guide public health protection activities.

II. Participants

Principal agencies include: the DC Department of Health (DCDOH); US Army Center for Health Promotion and Preventive Medicine-North (USACHPPM-North); and DoD facilities in Washington DC. Selected points of contacts (POCs) are provided in enclosure 1. A private agency from the Consortium For Conservation Medicine, located at 460 West 34th St. 17th floor, in NY may also conduct mosquito testing within the District of Columbia.

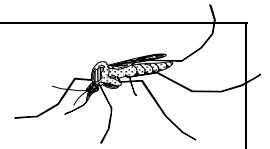
III. Schedule

Period	Activity
April – May	Inventory and Test all Trapping Equipment and Order Supplies (including pesticides)
May 9 - June 5	Initial Larval Survey, identification of field sites and mosquito control
May 4-5	Training in Mosquito ID and Trapping Methods
June 5 – Oct 30 (or first killing frost)	Adult Mosquito Trapping and Data Submission
July 7 – Aug 23	Follow-up Larval Surveillance and Control
April 10 – Oct 30 (or first killing frost)	Compile and Catalog all Field Data in GIS

IV. Mosquito Collection

A. Larval Surveillance

1. Background – Larval surveillance shall be conducted by visual examination through the use of a dipper and/or the use of improvised suction devices (e.g., modified hand powered bilge pump) in small water-holding cavities. Presence or absence of larvae shall be determined. Field notes shall include: surveyor, date, location, larval presence/absence, and treatment (if done). Relative abundance of larvae can be recorded by standardizing the number of dips (e.g., 5 per site). If larval identification is not possible then this should be noted. Emphasis will be placed on immediate treatment if possible and if appropriate. Treatment may consist of removing debris from a culvert, turning over a wheelbarrow, or straightening a wrinkled tarp. In certain circumstances larvae can be collected and returned



to laboratory for rearing and identification.

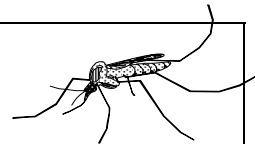
2. Techniques - There are several recommendations for successful dipping. Larvae are sensitive to water movement and change in light intensity (e.g., your shadow) and will quickly hide if so disturbed. The dipper should be directed at making a quick but gentle sweep at the water surface. Place the dipper at an angle as it enters the water so that surface water enters the cup. Continue sweeping across the water surface until the cup is one-half to three-quarters full. Avoid filling the cup all the way because larvae could escape before the dipper is righted and removed from the water. Larvae that are disturbed from the water surface will escape to deeper water, resurfacing only when air is needed. Pausing between dips or changing dipping locations will encourage larvae to resurface. If there is vegetation in the water, try dipping where the water meets the leaves or stems. In this case, do not sweep the dipper. Slowly enter it into the water so that water is sucked out of the vegetation into the dipper.

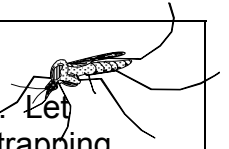
B. Adult Surveillance – Adult surveillance shall be conducted through the use of gravid traps, CDC Light Traps augmented by dry ice, and Co₂ generating Propane Traps (Mosquito MagnetTM). Additionally Ovitrap shall be used to determine the presence of container breeding potential vectors, but reared adults from these cups will not be routinely tested for pathogen presence. Trap descriptions, advantages and disadvantages are presented in Enclosure 2.

1. CDC Gravid Traps – The gravid mosquito trap is single most important tool to assess WNV in the mosquito population. The gravid trap traps and collects female mosquitoes that have recently taken a blood meal and are ready to lay eggs, which in turn greatly increases the probability of detecting the virus, if it is present.

a. Placement. Locate the trap in or near residential areas in order to collect container-breeding *Culex spp.*. Traps should be located in areas protected from extreme environmental conditions (e.g., wind and direct sun) and in secure areas (not conspicuous) where they are not disturbed or vandalized. Appropriate trap sites include: utility yards, window wells, stairwells, storm drains, boatyards, animal stables, transformer pits, cluttered backyards, tire storage yards, sewage treatment plants, near garden plots, and cemeteries. It is desirable to have some type of overhead cover (e.g., shrubs or overhangs) so that the tub is not easily flooded in the event of rain. Locate traps where they can be visited daily. If after several visits the trap does not appear productive, move it to an alternate location. The primary goal is to collect blood-fed female mosquitoes. Greater yield per trap is a greater priority than consistent sites that may have poor yields. Traps should be spaced more than 150 feet apart. If trapping at least two consecutive nights, set traps in the morning and, at the same time the next morning, collect the mosquitoes from the trap and switch the battery as preparation for the next trap night. This saves one trip back to the trap but may expose some early –trapped mosquitoes to the mid-day sun. If trapping only one night, set trap out in mid to late afternoon and pick up early the next morning. This avoids trapped material from being exposed to high-noon temperatures.

b. Setup. If using the trap for the first time, season the plastic tubs to rid them of insect repellent properties associated with chemical components found in some plastics, and can be accomplished by immersing the tubs in a muddy pond for several days. At least 2 days before trapping, mix, in a gallon jug or jerry can, at least 1 cup of rabbit pellet food or





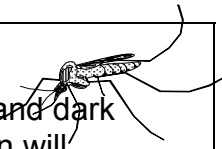
horse feed alfalfa cubes (available from pet or feed stores) per 1 gallon of aged water. Let the concentrate incubate in a protected (inaccessible to mosquitoes) location. At the trapping site put approximately 1/4 gallon of the premixed rabbit food concentrate to the tub and add aged water collected from a nearby natural source (e.g., pond or stream) or brought along with you, to bring the water level up to within 2 inches of the bottom edge of the fan housing tube. Position the trap bracket securely over the center of the tub and slide the collection bag over the top of the trap tube. Be sure the bag is not askew and that it remains properly positioned, even if breezes pick up. Attach the battery to the terminal wires and make sure it is securely positioned, and test the trap making sure the fan turns freely and draws the air from below. Note: the fan will spin in the wrong direction if polarity is reversed. Assign the trap a number and note its location on a map or GPS mapping system.

c. Servicing. Visit the trap in the early AM so caught specimens do not cook. Carefully remove the trap bag containing mosquitoes and replace with an empty one. Tie off the open end, and if the bag is not easily hung in the servicing vehicle, place net props (e.g., tongue depressors) around the bag so that it does not collapse and the mosquitoes are not crushed. Note in a field notebook the general number of mosquitoes taken from each particular trap (to be verified later in the laboratory) and any other relevant information. The water can be used for multiple trap nights within a week (top it off with aged water to make up for evaporation), but dump the water, where it will evaporate, at the conclusion of one week of trapping and repeat procedure. If this is not done, eggs potentially laid could hatch thereby contributing to mosquito breeding in the vicinity. (Note: prior to emptying water, water surface can be examined for the presence of eggs and, if present, collected in specimen jars for rearing and species confirmation.

2. CDC Light Traps. The miniature light trap collects primarily host-seeking female mosquitoes. The addition of a carbon dioxide (CO₂) attractant (e.g. dry ice) substantially increases the number and species diversity of collected mosquitoes and is, therefore, essential.

a. Placement. Locate the trap in generally moist areas (near ponds, swamps, cattail marshes, creeks, wet fields, storm drains, culverts, or flooded woods), protected from the wind. Generally wood margins are good because of the diversity of habitat. In urban environments, place the traps near shrubs, refuse areas, cluttered back yards, cemeteries, and woods. Place in secure areas (not conspicuous) and where they will not be disturbed or vandalized and **make sure there are no competing light sources**. This can best be verified by visiting potential sites at night. Locate traps where they can be visited daily. If after several visits, the trap does not appear productive, move it to an alternate location. Traps should be spaced more than 150 feet apart. If trapping at least two consecutive nights, set the trap out in the morning and, at the same time the next morning, pick-up trap material and switch battery in preparation for the next trap night. This saves one trip back to the trap but may expose some early –trapped mosquitoes to the mid-day sun. If trapping only one night, place trap out in mid to late afternoon and pick up early the next morning. This avoids trapped material from being exposed to high-noon temperatures.

c. Setup. Hang trap approximately 7 feet off the ground. Using a bent wire coat hanger between a tree limb and trap speeds up the set up and marks a consistent attachment point. Attach the battery to the terminal wires and make sure it is securely positioned, and test the trap making sure the fan turns freely and draws the air from below. If there are



dipswitches controlling bulb and fan activation, make sure it is set to run during light and dark periods so that daytime biters (e.g., *Aedes albopictus*) will be captured. Note: the fan will spin in the wrong direction if polarity is reversed. Fill an insulated container holding 2-3 lbs. of commercial chunk dry ice and hang it directly above or right next to the trap. Assign the trap a number and note its location on a map or GPS mapping system.

d. Servicing. Visit the trap in the early morning so collected specimens do not get dried out by the sun.. Carefully remove the trap bag containing mosquitoes and replace with an empty one. Tie off the open end, and if the bag is not easily hung in the servicing vehicle, place net props (e.g., tongue depressors) around the bag so that it does not collapse and the mosquitoes are not crushed. Note in a field notebook the general number of mosquitoes taken from each particular trap (to be verified later in the laboratory) and any other relevant information.

3. Propane-Generated CO₂ Traps (e.g., Mosquito Magnet TM) can collect large numbers of day or nighttime biting mosquitoes. Uses CO₂, heat, and a chemical lure (octonol) to capture a variety of mosquito species.

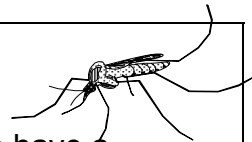
a. Placement. Locate the trap in a secure area where theft is not possible (these traps are expensive). Generally place in the same location as CDC light traps. Competing light sources are not a problem. Locate traps where they can be visited daily. Even though these traps run continuously, trap bags should be removed frequently because specimens dry out. If after several visits the trap does not appear productive, move it to an alternate location. Traps should be spaced more than 150 feet apart (refer to manufacturer's instructions).

b. Setup. Indicate in field records if octonol (synthesized ox breath) lure is being used. Refer to trap directions for starting catalytic converter and safely running trap. Assign the trap a number and note its location on a map or GPS mapping system.

c. Servicing. Even though these traps run continuously, trap bags should be removed frequently (several times per week) because specimens will dry out and turn brittle. Carefully remove the trap bag containing mosquitoes and replace with an empty one. Tie off the open end, and if the bag and hang or prop up the bag in the servicing vehicle so that it does not collapse and the mosquitoes are not crushed. Note in a field notebook the general number of mosquitoes taken from each particular trap (to be verified later in the laboratory) and any other relevant information.

V. Specimen Processing

Do not expose mosquitoes to direct sunlight or extreme temperatures (e.g., enclosed vehicle). The mosquitoes must be fresh for viral testing. Captured mosquitoes can be transferred from the net bag to a more compact handling container (e.g., paper ice cream container with a rubberized aperture) using a battery-powered aspirator or HEPA-protected oral aspirator. Upon return to your processing facility, place the handling container or entire bag containing mosquitoes in a normal freezer (< 32 degrees F) for at least 30 minutes [ultra low freezer (-60 degrees F) – at least 15 minutes). Empty frozen mosquitoes on a chilled surface (chill table or enamel pan nested in an ice bath) examine with a hand lens or

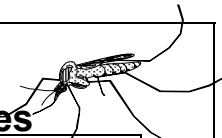


dissecting microscope. Mosquitoes should be handled carefully and promptly. As mosquitoes dry they become brittle and legs/body parts break off. It is advisable to have a fresh, clean sheet of paper underneath the contents of each trap. Also, forceps should be wiped clean between each filling each pooling tube. First remove all non-mosquitoes. Next separate all male mosquitoes and note the number in the data sheet remarks section (but do not pool). Either discard or save the males for your own reference purposes. After all non-mosquito and male specimens are removed, females are then placed in vials as a group (pool) of 1 to 25 specimens of the same genus or species, which were collected from the same trap. If expertise is available, sort to species. For West Nile virus, members of the genus *Culex* will be given priority for pooling. In particular the *Culex* species listed in Table 2 (below) that occur in the DC area. The urban container breeding and/or non-native species *Aedes aegypti*, *Ae. albopictus* and *Ochlerotatus japonicus* merit examination as well and should be pooled if collected. For malaria, the *Anopheles* mosquitoes are the vectors and will be tested for this pathogen. If expertise in species identification is not available, sort to the best of your ability. Package and ship specimens IAW viral assay protocol. Record all required data and make sure pool vials are clearly labeled. A list of mosquito species that have tested positive in the field is provided in Table 2. Species with an asterisk (*) do not normally occur in the District of Columbia.

2005 Report of Positive Mosquito Pool Data For All DC Agencies

Agy	PHL ID #	Pool Log #	Address	Date	Species	# in Pool	Ward	# Positive
DoD		AFRH05-0030	3000 blk N. Capitol St, NW	7/27/05	Cx	25	5	1
DOH	WN05-222	DC-226	4430 Harrison Ave, NW	7/28/05	Cx	12	3	1
DOH	WN05-224	DC-228	540 Lebaum St, SE	7/28/05	Cx	25	8	1
DOH	WN05-255	DC-247	729 Tuckerman St, NW	8/3/05	Cx	2	4	1
DOH	WN05-257	DC-249	729 Tuckerman St, NW	8/3/05	Cx	25	4	1
DOH	WN05-274	DC-266	4200 blk Warren St, NW	8/3/05	Cx	14	3	1
DOH	WN05-297	DC-301	2412 34th St, SE	8/10/05	Cx	25	7	1
DOH	WN05-300	DC-304	2017 32nd Pl, SE	8/10/05	Cx	25	7	1
DOH	WN05-301	DC-305	2017 32nd Pl, SE	8/10/05	Cx	25	7	1
DOH	WN05-311	DC-315	2017 32nd Pl, SE	8/17/05	Cx pipiens	25	7	1
DOH	WN05-315	DC-319	4639 E. Capitol St, SE	8/17/05	Cx pipiens	16	7	1
DOH	WN05-316	DC-320	4300 blk Polk St, NE	8/17/05	Cx pipiens	6	7	1
DoD		MCNR05-0064	Unit blk P St, SW	8/22/05	Cx	10	6	1
DOH	WN05-327	DC-331	700 blk Tuckerman St, NW	8/24/05	Cx	20	4	1
DOH	WN05-386	DC-339	2300 blk Park Place, SE	8/24/05	Cx	25	8	1
DOH	WN05-348	DC-352	1300 blk Jackson St, NE	8/24/05	Cx	25	5	1

2005 Report of Positive Mosquito Pool Data For All DC Agencies



Agy	PHL ID #	Pool Log #	Address	Date	Species	# in Pool	Ward	# Positive
DOH	WN05-351	DC-355	4300 blk Polk St, NE	8/24/05	Cx	19	7	1
DOH	WN05-356	DC-361	2400 blk 34th St, SE	8/24/05	Cx	25	7	1
DOH	WN05-358	DC-363	2000 blk 32nd Pl, SE	8/24/05	Cx	25	7	1
DoD		MCNR05-0070	Unit blk P St, SW	8/29/05	Cx pipiens	26	6	1
DoD		MCNR05-0071	Unit blk P St, SW	8/29/05	Cx pipiens	25	6	1
DoD		MCNR05-0075	Unit blk P St, SW	8/29/05	Cx pipiens	25	6	1
DOH	WN05-361	DC-366	4400 blk Harrison Ave, NW	8/31/05	Cx pipiens	25	3	1
DOH	WN05-363	DC-368	4400 blk Harrison Ave, NW	8/31/05	Cx pipiens	25	3	1
DOH	WN05-364	DC-369	4400 blk Harrison Ave, NW	8/31/05	Cx pipiens	25	3	1
DOH	WN05-366	DC-371	4200 blk Warren St, NW	8/31/05	Cx pipiens	25	3	1
DOH	WN05-375	DC-380	700 blk Tuckerman St, NW	8/31/05	Cx pipiens	25	4	1
DOH	WN05-408	DC-412	2000 blk 32nd Pl, SE	9/9/05	Cx pipiens	25	7	1
DOH	WN05-413	DC-417	7th & Mississippi Ave, SE	9/9/05	Cx pipiens	25	8	1
DOH	WN05-425	DC-429	500 blk Oglethorpe St, NW	9/9/05	Cx pipiens	16	4	1
DOH	WN05-447	DC-451	4600 blk E. Capitol St, SE	9/15/05	Cx pipiens	14	7	1
DoD			Unit blk P St, SW	9/19/05			6	1
DOH	WN05-457	DC-461	1500 blk Emerson St, NW	9/21/05	Cx pipiens	25	1	1
DOH	WN05-467	DC-471	500 blk Oglethorpe St, NW	9/21/05	Cx pipiens	25	4	1
DOH	WN05-468	DC-472	500 blk Oglethorpe St, NW	9/21/05	Cx pipiens	10	4	1
DOH	WN05-493	DC-496	2000 blk 32nd Pl, SE	9/30/05	Cx pipiens	25	7	1
DOH	WN05-499	DC-502	500 blk Lebaum St, SE	9/30/05	Cx pipiens	2	8	1
DOH	WN05-506	DC-509	4200 blk Warren St, NW	9/30/05	Cx pipiens	25	3	1

YEAR END TOTAL

38

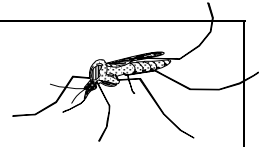
2005 Results from The Consortium for Conservation Medicine (a private research):

Foggy bottom 5 pools (all Culex pipiens/Cx. restuans), Fort Dupont park 4 pools (all Culex pipiens/Cx. restuans),

National Mall 8 pools (all Culex pipiens/Cx. restuans).

Total Number of Positive Mosquito Pools: 55

VI. Trapping Frequency/Weekly Schedule/Timing



Ideally the traps at any trap site should be run **two nights per week**. It is best to trap at the beginning of the week; Monday, Tuesday (and/or Wednesday), to allow time for sorting and express mailing specimens before the weekend. This also allows for adjustments if there is some reason you can't trap on a given night (e.g., storms, holidays). Remember, the attractant concentrate needs to incubate for at least 2 days, so it should be prepared NLT **THURSDAY** of the prior week. If trapping at least two consecutive nights, set the trap in the morning, and then, at the same time the next morning, pick-up trap material and switch battery in preparation for the next trap night. This saves one trip back to the trap but may expose some early-trapped mosquitoes to the noon-day sun. If trapping only one night, set trap in mid to late afternoon and pick up early the next morning. This avoids trapped material from being exposed to high-noon temperatures.

VII. Trapping Scheme

There will be approximately 40 sites being sampled throughout the season. A **site** can contain one or more traps (several of the military properties have more than 6 traps at a site). The traps at a particular site can be of different types. Individual trap locations should remain relatively constant. If a trap is unproductive after a few weeks, it should be moved to another location. If this is done, **give the newly located trap a new identification code or number** (and add coordinates to your GPS mapping system). Ideally the trap sites near wooded wet areas (e.g., C&O Canal, Potomac River, Anacostia River, woodland ponds/streams) should have at least one gravid and one CDC light trap or a Mosquito Magnet. This is because the gravid trap will not normally catch *Anopheles* spp mosquitoes (Malaria vector) but the others will. Although not distributed on a strict grid pattern, the trap sites are spaced with care to provide uniform coverage. Considering the total number of traps used (remember, more than one trap can be at a site) there will be at least one trap per square mile within the District.

VIII. Sample Transport to Lab for Testing

Collected specimens shall be overnight shipped to the DC Public Health Lab or delivered to the lab, by arrangement, on a weekly basis. If samples are to be hand-delivered, please call the lab in advance to get information on security requirements. Samples should be in an insulated box or cooler with several chill packs (not dry ice).

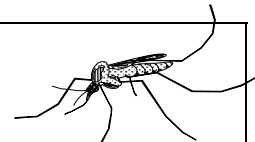
IX. Data Reporting

Mosquito collectors should enter pooling data on a standard data sheet. A data sheet must accompany all submitted specimens. Once specimens arrive at the Lab, they will be logged in, reviewed, and tested. A weekly report will be transmitted by e-mail to all collaborators.

X. Information Technology (IT)

Data generated from this project will be used, by agreement, for geo-information purposes including Remotely Sensed Epidemic Surveillance (RSEPIs), and Epidemic Surveillance Database (ESDB) projects. This is research headed by Dr. James Wilson, Georgetown University Medical College.

XI. Personal Safety

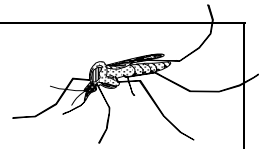


Personal safety should be a priority throughout the project duration. It is best to travel in teams of 2 to trap sites. A mobile phone for field personnel is recommended. Do not transport dry ice in a closed vehicle. Do not handle dry ice without gloves. Do not break dry ice blocks without wearing safety glasses. Wearing light colored, long sleeve shirts and long pants is advisable to reduce the potential of being bitten by daytime mosquito biters and to detect and remove ticks on clothing. The use of skin repellent containing at least 30% concentration of DEET and a clothing repellent containing permethrin is encouraged if trapping in an area where daytime biting mosquito species (e.g., *Aedes albopictus*) and/or ticks occur. However measures should be taken to not contaminate traps and equipment with repellent. This is best done by applying repellent while still at the office, and then thoroughly washing hands with soap and water prior to handling traps. Field staff should have personal protective equipment, gloves and a N-95 dust mask at a minimum.

SELECTED, COMMERCIALY-AVAILABLE MOSQUITO SURVEILLANCE TRAPS*

TRAP & DESCRIPTION	PHOTO	ADVANTAGES	DISADVANTAGES
GRAVID TRAP (AKA CDC Gravid trap, Reiter Trap) Plastic basin (14"x10"x7") holding synthetic sewage (e.g., fermented rabbit/horse chow in water), updraft fan in cross-bracketed 3.25"D PVC pipe, net collection bag at top, powered by 6VDC sealed rechargeable battery. Variation includes a tool-box fan/collection canister housing.		Best use: <i>Culex</i> collection for pathogen testing, population density, breeding source determination Selective for large numbers of Gravid (and likely fed) <i>Culex</i> spp, esp. <i>pipiens</i> . Will catch smaller numbers of <i>Ae. albopictus</i> and <i>Och. japonicus</i> Low cost, low tech Few non-targets	Limited species caught Specimens go through fan (not so in the tool box model) If neglected can be breeding source Need advance preparation of synthetic sewage attractant Stinks
CDC LIGHT TRAP W/CO₂ (AKA SSAM Trap, CDC Miniature Light Trap, ABC Trap, New Standard Miniature Light Trap) Tubular acrylic or PVC trap body approx. 3.5"DX5" tall, approx. 14"D removable lid, down-draft fan below screen and 4W minibulb, net bag or vented collection canister hangs below, powered by 6VDC sealed rechargeable or 4 D-cell batteries, needs insulated canister for dry ice.		Best use: species composition, population density, pathogen testing, breeding source determination Good for <i>Culex</i> , <i>Culiseta</i> , <i>Coquillettidia</i> , <i>Uranotaenia</i> , <i>Anopheles</i> Diverse mosquito trap catch Compact, light-weight Spare parts readily available	Specimens go through fan Collects non-targets Need CO ₂ source (dry ice) Specimens may not have fed (limits value for pathogen testing)
CO₂ GENERATING PROPANE TRAP (AKA Mosquito Magnet, others) Uses counterflow geometry (CFG) collection principle, CO ₂ produced catalytically by 20 lb propane tank (some models need 110AC current), maximum dimensions 28"X20"X27.5," collection bag in internal housing, units movable on wheels.		Best use: species composition, pathogen testing, population density Diverse mosquito trap catch, esp. with Octenol lure Specimens don't go through fan Large number of certain species can be caught Can run long time without tending Few non-targets (mainly spiders) No need for dry ice	Relatively pricey, bulky Requires compressed gas Some require AC outlet Some alternate manufacturer's trap versions perform poorly Specimens can dry-out if not removed promptly Specimens may not have fed (limits value for pathogen testing)

* The first two traps listed, Gravid Trap and CDC Trap w/CO₂, are time-tested and proven to have the most value in WNV mosquito and viral surveillance, to date. Other traps exist (e.g., CFG Trap, Wilton Trap) but are either not commercially available or little is known about their performance. Specific products or brands mentioned do not imply endorsement by the US Government. Prepared by B. Pagac, USACHPPM-North, Apr 1 2003 (ben.pagac@na.amedd.army.mil)



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APPENDIX H

DISTRICT CONTACTS

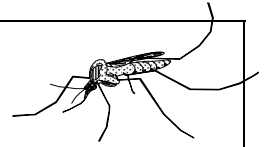
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APPENDIX I



**UPDATED INFORMATION REGARDING THE USE OF MOSQUITO
REPELLANTS**

Centers for Disease Control and Prevention, April 22, 2005

Repellents are an important tool to assist people in protecting themselves from mosquito-borne diseases.

A wide variety of insect repellent products are available. CDC recommends the use of products containing active ingredients which have been registered with the U.S. Environmental Protection Agency (EPA) for use as repellents applied to skin and clothing. EPA registration of repellent active ingredients indicates the materials have been reviewed and approved for efficacy and human safety when applied according to the instructions on the label.

Of the active ingredients registered with the EPA, two have demonstrated a higher degree of efficacy in the peer-reviewed, scientific literature *. Products containing these active ingredients typically **provide longer-lasting protection than others:**

- DEET (N,N-diethyl-m-toluamide)
- Picaridin (KBR 3023)

Oil of lemon eucalyptus [p-menthane 3,8-diol (PMD)], a plant based repellent, is also registered with EPA. In two recent scientific publications, when oil of lemon eucalyptus was tested against mosquitoes found in the US it provided protection similar to repellents with low concentrations of DEET.

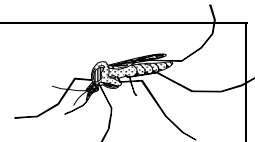
Oil of lemon eucalyptus has not been tested against mosquitoes that spread malaria and some other diseases which occur internationally. See CDC Travelers' Health website (<http://www.cdc.gov/travel/bugs.htm>) for specific recommendations concerning protection from insects when traveling outside the United States.

In addition, certain products which contain permethrin are recommended for use on clothing, shoes, bed nets, and camping gear, and are registered with EPA for this use. Permethrin is highly effective as an insecticide and as a repellent. Permethrin-treated clothing repels and kills ticks, mosquitoes, and other arthropods and retains this effect after repeated laundering. The permethrin insecticide should be reapplied following the label instructions. Some commercial products are available pretreated with permethrin.

Length of protection from mosquito bites varies with the amount of active ingredient, ambient temperature, amount of physical activity/perspiration, any water exposure, abrasive removal, and other factors. For long duration protection use a long lasting (micro-encapsulated) formula and re-apply as necessary, according to label instructions.

EPA recommends the following precautions when using insect repellents:

- Apply repellents only to exposed skin and/or clothing (as directed on the product label.) Do not use repellents under clothing.
- Never use repellents over cuts, wounds or irritated skin.
- Do not apply to eyes or mouth, and apply sparingly around ears. When using sprays, do not



spray directly on face—spray on hands first and then apply to face.

- Do not allow children to handle the product. When using on children, apply to your own hands first and then put it on the child. You may not want to apply to children's hands.
- Use just enough repellent to cover exposed skin and/or clothing. Heavy application and saturation are generally unnecessary for effectiveness. If biting insects do not respond to a thin film of repellent, then apply a bit more.
- After returning indoors, wash treated skin with soap and water or bathe. This is particularly important when repellents are used repeatedly in a day or on consecutive days. Also, wash treated clothing before wearing it again. (This precaution may vary with different repellents—check the product label.)
- If you or your child get a rash or other bad reaction from an insect repellent, stop using the repellent, wash the repellent off with mild soap and water, and call a local poison control center for further guidance. If you go to a doctor because of the repellent, take the repellent with you to show the doctor.

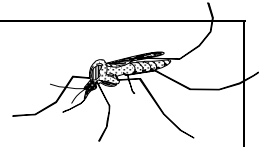
Note that the label for products containing oil of lemon eucalyptus specifies that they should not to be used on children under the age of three years. Other than those listed above, EPA does not recommend any additional precautions for using registered repellents on pregnant or lactating women, or on children. For additional information regarding the use of repellent on children, please see CDC's Frequently Asked Questions about Repellent Use: [http://www.cdc.gov/ncidod/dvbid/westnile/qa/insect_repellent.htm]. DEET-based repellents applied according to label instructions may be used along with a separate sunscreen. No data are available at this time regarding the use of other active repellent ingredients in combination with a sunscreen. See <http://www.epa.gov/pesticides/factsheets/insectrp.htm> for additional information on using EPA-registered repellents.

*See: Fradin MS, Day JF. Comparative efficacy of insect repellents against mosquito bites. *N Engl J Med.* 2002;347(1):13-8.

Barnard DR, Xue RD. Laboratory evaluation of mosquito repellents against *Aedes albopictus*, *Culex nigripalpus*, and *Ochlerotatus triseriatus* (Diptera: Culicidae). *J Med Entomol.* 2005 Jul;41(4):726-30.

For more information, visit www.cdc.gov/westnile, or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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APPENDIX J



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
WEST NILE VIRUS YEAR END REPORT
December 31, 2005**

WEST NILE VIRUS

West Nile virus is a new disease, labeled as an emerging infectious disease, and only appeared in the eastern United States in 1999. As part of the West Nile virus tracking system, the Department of Health (DOH) conducts human, avian, or bird, mammal and mosquito surveillance and keeps extensive database and spreadsheet records detailing the surveillance. The Department increased laboratory capacity for surveillance mechanisms of West Nile and other arboviruses. In the last year, there were five cases of West Nile virus in a large part due to the Department's comprehensive outreach and education program and targeted larviciding.

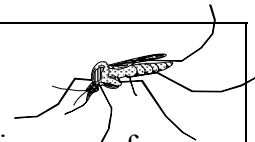
West Nile virus (WNV), a mosquito-borne flavivirus introduced recently to North America, is a human, equine, and avian neuropathogen. The majority of human infections with WNV are mosquito-borne; however, other modes of transmission have been documented over the five years of WNV surveillance in the United States.

Additional routes of human infection became apparent during the 2002 West Nile epidemic. It is important to note that these other methods of transmission represent a very small proportion of cases. Such routes include; transplacental, laboratory acquired infection through percutaneous inoculation, transplanted organs and blood transfusions.

Evidence of person-to-person transmission was documented from mother to infant (transplacental) through breast milk. WNV genetic material was transiently present in the breast milk of a woman with WNV infection and measurable WNV-specific IgM was detected in her baby. Based on a 2002 case in Michigan, it appears that West Nile virus can be transmitted through breast milk. A new mother in Michigan contracted West Nile virus from a blood transfusion shortly after giving birth. Laboratory analysis showed evidence of West Nile virus in her breast milk. She breast-fed her infant, and three weeks later, her baby's blood tested positive for West Nile virus. Pregnant women should take precautions to reduce their risk for WNV or other arboviral infection and should undergo diagnostic testing when clinically appropriate.

In 2002, two cases of WNV infection in laboratory workers were reported. The workers acquired the infection through percutaneous inoculation and had no other known risk factors. Laboratory workers handling fluids or tissues known or suspected to be WNV-infected should minimize their risk for exposure.

Since initially discovered in 2003, a total of one thousand four hundred fifty- nine (1459) WNV-viremic blood donors have been reported to ArboNET, the CDC database. According to blood collection agencies, approximately 4.5 million blood donations have been screened for WNV since approximately July 2003. Patients receiving needed transfusions or transplants outweigh the potential risk for West Nile virus infection. These findings suggest a need to develop more sensitive screening tests for use in minipool testing, or that individual donation testing (instead of minipool testing) might be considered in areas experiencing a high number of WNV infections, depending on the testing capacity of the Blood Collection Agency.



In 2005, the reported numbers of human and animal infections increased, and the geographic range of WNV activity expanded substantially. These data underscore the need for intensive surveillance to detect and quantify WNV activity in areas where humans are at risk, public education to teach persons how to prevent mosquito bites, and sustained and integrated mosquito-control activities.

The Department of Health has established a West Nile virus Call Center number at 202-535-2323, answered live during business hours, and extensive web site information at www.dchealth.dc.gov. In addition, DOH disseminates Health Alerts to the public and the medical community, as needed.

The chances of developing the symptoms of West Nile virus from the bite of a mosquito are very remote. Less than one percent of mosquitoes test positive for the virus in areas where the virus is present. And, if bitten by that mosquito, a person has less than a one percent chance that he or she will develop symptoms. Generally, the symptoms are very mild and may not even be noticed. Only in very rare cases will the symptoms be severe. Immune compromised individuals are the population most at risk. Anyone who suspects that they have the virus should contact their doctor immediately.

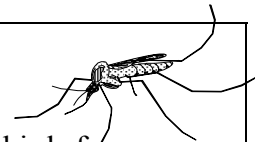
DOH has trained staff to assist residents with identifying and eliminating potential mosquito breeding sites and to speak at neighborhood meetings and health fairs. The fundamental components of the West Nile virus plan are prevention and protection.

The West Nile virus program is a fluid program that is continually evaluated and altered to protect the public. DOH ceased dead bird surveillance in August of 2002 and increased mosquito surveillance to increase assessment of human risk in the District. It is paramount to track positive mosquito pools and species of mosquitoes testing positive. As a result of this increased mosquito surveillance, new species of mosquitoes have been identified in the District. Mosquito surveillance has unveiled a high population of *Aedes albopictus*. These species are closely associated with humans, are day-time human biters, breed in tires, flower pots and bird baths and cause increased concern. The *Aedes albopictus* is very aggressive and can be hidden in shady, grassy or wooded areas. During surveillance year 2002, *Aedes albopictus* in the District were tested positive. Previously only *Culex pipiens* have tested positive in the District. As a result of the new species testing positive, DOH has added precautions of protecting residents against mosquito bites at all times during the day and not just dusk and dawn.

Through collaboration with the Department of Defense and National Park Services, larval control and mosquito surveillance throughout the District is uniform. Traps are set at designated intervals and collected on a set schedule. This system allows for the most consistent trapping and testing results.

AVIAN SURVEILLANCE

- DOH established a West Nile virus Call Center at 202-535-2323 that received approximately 10-120 calls per day from the public requesting advice and assistance.
- Effective August 9, 2002, DOH ceased dead bird collection because the positive rate was exceptionally high and West Nile virus in birds should be considered endemic in the District. Residents were encouraged to dispose of the birds themselves or call DPW at 202-727-1000 for removal. Specific details instructions for disposal were available on the Department of Health's website www.dchealth.dc.gov/inform-ation/fact_sheets/westnilevirus.shtm and the Call Center at (202) 535-2323.
- In 2000, the first positive bird was collected on September 28, with a total of 5 positive birds



for the year.

- In 2001, the first positive bird was collected on July 10, with a total of 360 positive birds for the year. Nine-hundred fourteen (914) birds were collected, 444 were tested and 360 tested positive, a positive rate of 81.08%.
- In 2002, 905 birds were collected, 340 were processed for testing, 31 tested negative, 134 disposed of and 175 birds tested positive, a positive rate of 84.95%.
- In 2003, select birds were tested by the National Zoological Park and the Department of Defense. Three birds tested positive, however the total number of birds tested has not yet been reported (as of January 1, 2005).
- In 2004, there were 167 dead bird reports with the following break-down by ward; Ward 1-11, Ward 2-15, Ward 3-42, Ward 4-41, Ward 5-18, Ward 6-10, Ward 7-23 Ward 8-7.

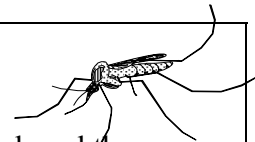
HUMAN SURVEILLANCE

- DOH staff distributed West Nile virus Physician Alerts by blast fax to health care providers and hospitals detailing the West Nile virus reporting and specimen submission criteria.
- DOH staff contacted hospital infectious disease practitioners weekly to determine if any patients meet the testing and reporting criteria.
- DOH staff prepared, processed, transported and submitted human specimens for testing.
- In 2001, there were 20 samples submitted and all samples tested negative.
- In 2002, thirty-one cases of human infection were reported positive¹ in the District with two human deaths associated with WNV. The first human death in DC associated with WNV occurred on September 9, 2002 in a man receiving treatment for leukemia. The second human death associated with WNV occurred on October 1, 2002 in a woman in a high-risk category with a compromised immune system.
- In 2002, 80 samples from District residents were submitted for testing: thirty-one samples were positive, three samples were probable, 28 samples were negative, and 18 samples were pending.
- In 2003, three cases of human infection were reported positive in the District. All patients have recovered. Twenty-five samples tested negative, six were probable and nine are pending, with incomplete information or samples that could not be collected.
- In 2004, seventeen specimens were submitted for testing and two cases were confirmed positive for WNV (one patient with WN fever and one with WNV meningoencephalitis). Both patients recovered. Fifteen specimens were negative.
- In 2005, eight specimens were submitted for testing and five cases were confirmed positive for WNV (two patients with WN fever and three with WNV meningitis). All patients recovered.

MOSQUITO SURVEILLANCE

- DOH staff set gravid traps, targeting pregnant mosquitoes, throughout the District in all wards in response to reports of positive birds and mosquitoes.
- DOH staff set traps on Mondays and Wednesdays and collected, sorted, prepared for testing and transport on Tuesdays and Thursdays.
- The US Army collected mosquitoes throughout the District and tested collected specimens at the US Army lab in Ft Meade.
- In 2001, DOH and the Army partners such as, Bolling, Fort McNair, Walter Reed submitted

¹ CDC changed definition of “positive” case. Cases may be reported “positive” without confirmatory tests such as neutralization or PCR. Case categories: “positive”; “probable” “pending” and “negative”.



870 pools for testing. Three pools tested positive.

- In 2002, DOH, Fort McNair, Walter Reed, Soldier's Home, Bolling, Rock Creek Park and the National Zoo submitted pools of mosquitoes. In 2002, a total of 1,315 mosquito pools were tested, 53 of which tested positive.
- In 2002, mosquitoes from MD and VA tested positive for malaria. DC responded by enhancing the arbovirus surveillance and conducting malaria testing on all *Anopheles* collected.
- In 2003, 20,684 mosquitoes were collected in the District and sorted into 2,215 pools. Of these, 49 tested positive for WNV. Those species testing positive are the *Culex pipiens*, *Aedes albopictus* and *Aedes aegypti*.
- In 2004, 28,929 mosquitoes were collected and sorted into 1884 pools. Forty-two (42) mosquito pools tested positive. The case positivity rate was 2.51%.
- In 2005, 27,087 mosquitoes were collected and sorted into 1399 pools. Fifty-five (55) mosquito pools tested positive. The case positivity rate was 3.93%.

MOSQUITO CONTROL

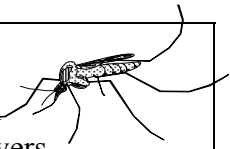
- DOH staff larvicided in response to positive birds and mosquitoes and community concerns. The larvicide, a biological product that kills mosquitoes in the larval stage, is placed in catch basins and in areas of standing or stagnant water.
- In April of 2002, DOH staff began larviciding in the District at locations of positive birds and mosquitoes from 2001 in an eight square block area at each address.
- The larvicide application was repeated approximately every 5-6 weeks.
- Larviciding has been determined to be more effective over a period of time than adulticiding. Mosquito catches were significantly reduced in areas where larviciding efforts were conducted.
- In 2001, DOH staff larvicided 3,496 catch-basins.
- In 2002, DOH staff larvicided 10,835 catch-basins.
- In 2003, DOH staff larvicided 3,818 catch-basins and areas of standing water throughout the district in response to elevated mosquito populations, positive findings in any surveillance system and citizen concerns.
- In 2004, a total of 3,433 catch basins were treated for mosquito control.
- In 2005, a total of 7,037 catch basins were treated for mosquito control.
- The District does not expect to spray for mosquitoes because of low efficacy; kills off non-target species and potential health risks to a high population of persons affected with respiratory problems and compromised immune systems.
- Killing mosquito larva and eliminating mosquito-breeding sites appear to be the most effective measure in reducing the numbers of mosquitoes.
- Research shows that larviciding more effective in reducing mosquitoes than spraying over time.

MAMMAL SURVEILLANCE

- DOH staff has distributed information to vets, pet shops, and horse stable managers detailing reporting and specimen submission criteria and protocol.
- No mammals have tested positive in the last five years.

OUTREACH AND EDUCATION

- DOH has prepared an informational brochure emphasizing prevention and protection. The brochure has been translated into Spanish, Chinese, Korean and Vietnamese.

- 
- DOH provided information on the DOH website to provide residents with information regarding West Nile virus including Controlling Mosquitoes, CDC questions and answers, recent press releases and the brochures in multiple languages.
 - DOH developed an informational script for use in community presentations.
 - DOH staff distributed brochures door- to- door residents, and spoke to residents about prevention and protection techniques.
 - Over 8,000 brochures were distributed in response to requests by private citizens, day care centers, senior citizen homes, residential housing, hospitals, libraries, schools, parks and recreation centers, churches, other District agencies, NSC Coordinators and all ANC Commissioners.
 - DOH staff attended numerous 68 community and core team meetings.
 - DOH spokespersons have completed numerous interviews with local and national media to discuss West Nile virus, explained health precautions and promoted prevention and protection techniques. Spokespersons also conducted seven live interviews on national radio, answering listener's call-in questions.

MALARIA AND MALARIA SURVEILLANCE

Two people have tested positive for malaria in Loudoun County in the Commonwealth of Virginia in September 2002. In response, neighboring jurisdictions tested mosquitoes and reported that 2 mosquito pools in Loudon County, Virginia; one pool in Arlington County, Virginia; two pools on Seldin Island in Montgomery County, Maryland; and one pool on Van Deventer Island in Montgomery County, Maryland have tested positive for malaria. Only the *Anopheles quadrimaculatus* mosquito carries malaria in the metropolitan Washington area. The DOH mosquito surveillance team has been setting traps to collect and test mosquitoes for malaria in addition to the West Nile virus testing since September 2002. In 2003, DOH and US Army staffs have collected only 33 *Anopheles* mosquitoes (20 pools) out of over 20,000 mosquitoes. All the collected *Anopheles* mosquitoes have tested negative for malaria. In 2005, there were no positive results for malaria.